# ADJUSTMENT OF THE PHYSICALLY HANDICAPPED CHILDREN AS A FUNCTION OF PARENTAL ATTITUDE, LOCUS OF CONTROL AND NEED PATTERN

ABSTRACT

THESIS

SUBMITTED FOR THE AWARD OF THE DEGREE OF

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IN

**PSYCHOLOGY**


BY

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# Abstract

# ABSTRACT

The topic selected for the present study is "Adjustment of the orthopaedically handicapped children as a function of parental attitude, locus of control and need pattern".

The present research is an attempt to focus and probe certain psychological dimension of the orthopaedically handicapped children.

Large number of individuals falling in various categories who are differently abled make it imperative that we must not deny this group the chance to live a good quality of life in harmonious relationship with community at large. Hence, the present research aims to investigate in what manner parental attitude, causal attribution in terms of internality and externality and motivational forces of the disabled children directly influence the individual adjustment. To fulfill the objective of the research the researcher has made an attempt to asses how far the child's opportunity for growth and development are affected by the actual disability and also by the secondary associated factors, including motivational factors attribution process and child's family and social experiences.

Among the many Untied Nation agencies, only ***UNICEF*** is wholly focused on representing children and responding to their needs. The estimated 150-250 million disabled children world wide, need ***UNICEF*** as their champion for inclusion in global programs aimed at all children in need.

According to ***U.S. Bureau of Census,*** 2004, there were some 32 million adults aged 18 or over in the United States plus another five million children and youth under age 18, who were disabled. If we add impairment or limitations that fall short of being disabilities, census estimates come to a figure at 51 million.

The effective development of individual's skill depends not only on genetic potential and appropriate environmental aspects but also motivational forces within the child impinging on him. Thus, it is meaningful to probe into the world of his motivational forces, causal attribution and parental attitude which may help in solving the problem of adjustment.

A major challenge faced by the individual referred to as a person with a disability is adjustment to his environment which is composed of predominantly non handicapped. A goal of life towards which human being strive for is a sense of well being and good quality of life which depends to a great degree on adjustment made by the individual. The process of adjustment is thus crucial in the context of handicapped persons.. Those who are born with a handicap may not have a self image of a non disabled state obstacles faced by the handicapped are real for them. Adjustment involves both coping with the physical aspect and at the psychological level. It is possible that the psychological training for those with inborn handicap is different them those with acquired handicap.

Keeping in view the earlier empirical evidences that factors like parental attitude, extreme external and internal orientation, needs, gender and innate and acquired status of handicap, the topic under study was selected. The hypotheses were formulated for the study

1. Parental attitude, locus of control, needs, gender, inborn and acquired status of handicap predict the adjustment of the orthopaedically handicapped children.
2. Orthopaedically handicapped children with fathers having positive attitude are higher on adjustment than children having fathers with negative attitude.

3. Othopaedically handicapped children with mothers having positive attitude are higher on adjustment than children having mothers with negative attitude.
4. Internally oriented othopaedically children are higher on adjustment than externally oriented orthopaedically handicapped children.
5. Children born with orthopaedically handicapped children will differ in adjustment from children who have acquired the handicap.
6. Male and female othopaedically handicapped children will differ on adjustment.
7. Children with fathers having positive attitude will differ from children having fathers with negative attitude on Locus of Control.
8. Children with mothers having positive attitude will differ from children having mothers with negative attitude on Locus of Control.
9. There will be difference between othopaedically handicap children who are born with handicap and those who have acquired the handicap on Locus of Control.
10. There will be difference between male and female othopaedically handicap children in terms of Locus of Control.
11. Children with fathers having positive attitude will differ from children having fathers with negative attitude on needs- n-achievement, n-affiliation, n-aggression, n-dominance and n-abasement.
12. Children with mothers having positive attitude will differ from children having mothers with negative attitude on needs- n-achievement, n-affiliation, n-aggression, n-dominance and n-abasement.
13. High, Moderate and Low adjusted othopaedically handicapped children will differ on needs- n-achievement-affiliation, n-aggression, n-dominance and n-abasement.

14. Internally and externally oriented othopaedically handicapped children will differ on needs-n-achievement, n-affiliation, n-aggression, n-dominance and n-abasement.
15. Children with born (congenital) and acquired handicap will differ on needs-n-achievement, n-affilaition, n-aggression, n-dominance and n-abasement.
16. Male and female othopaedically handicapped children will differ on needs-n-achievement, n-affiliation, n-aggression, n-dominance and n-abasement.

The sample of the present study consisted of 100 orthopaedically handicapped children from Viklang Kendra, Allahabad. The following tools were used

1. Adjustment Inventory by V.K. Mittal (1965).
2. Parental Attitude Research Inventory (PARI) by Uma Saxena (1970).
3. Locus of Control Scale by Roma Pal (1983).
4. Scale to measure needs by Aijaz and Quadri (1984).

The following statistical analyses were used by researcher of the data.

1. Stepwise multiple regression.
2. t-test.
3. Chi square test.
4. Median test.

The main results of the study are given below:

1. Stepwise multiple regression of the data showed that six variables viz. locus of control, Need for affiliation, Need for Dominance, Mother's attitude, Need for achievement and need for Abasement emerged as predicators of adjustment of orthopaedically handicapped children.

2. Significant difference was found on adjustment scores of children with positive and negative attitude fathers. Same result was obtained for mothers.

3. The result showed that significant difference existed between internally and externally oriented orthopaedically handicapped children.

4. Significant difference was found on locus of control scores of orthopaedically handicapped children with positive and negative attitude fathers and mothers.

5. There was no significant difference between born and acquired orthopaedically handicapped children on locus of control.

6. A significant difference was found between male and female orthopaedically handicapped children on locus of control.

7. Significant difference was found among orthopaedically handicapped children with positive and negative attitude father on four needs viz need for affiliation, need for aggression, need for dominance and need for abasement.

8. Significant difference was found among orthopaedically handicapped children with positive and negative attitude mother on need for affiliation and abasement.

9. Significant difference was found between high and low adjusted orthopaedically handicapped children on all five needs.

10. Significant difference was found between internally and externally oriented orthopaedically handicapped children on need for achievement and abasement.

11. Significant difference was found between born and acquired orthopaedically handicapped children on need for achievement, need for affiliation, need for aggression, need for dominance.

12. Significant difference was found between male and female orthopaedically handicapped children on need for affiliation need for aggression, need for dominance and need for abasement.

The main purpose of identifying predictors of adjustment amongst orthopeadic handicapped children is to understand the dynamics of adjustment in this group, so that some intervention and mediation can be contemplated. Locus of control, need patterns and parental attitude are all factors that can be given direction to a greater or lesser degree. Of the above variables, parental attitude can be modified to a great extent through counseling of parents. Since both fathers and mothers have concerns and attachment for their offspring there is great likelihood that maximum efforts and responses will be forthcoming.

It may not be easy to bring a change in motivational pattern but focused counseling has been found to bring some degree of change in this aspect also. Developing a perspective of exercising control through our own efforts in handling problems rather than waiting for powerful others to perform this job for us is also an attitude which can be built up through appropriate procedure. Providing experiences to children that foster a sense of self efficacy and control would be an important step in this direction.

Many doubts and queries have emerged out of the research. This an important contribution of any research because ultimately scientific research is a joint venture in which subsequent researches take up from where an earlier research has left. Gradually, the phenomenon becomes more and more clear and applications emerging out of researches can be implemented to contribute to society.

Efforts should be made to identify maximum number of factors that account for adjustment of the handicap and the amount of variance by each variable may be explained. Creating awareness, about the disabled, is another responsibility of the people working in the area of disability. The handicapped individual is a apart of society and must function in the main stream. Assessing the potentialities of the disabled and giving vocational training in accordance with the disability must be the goal of psychologists and counsellors.

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Dated 13.07.2010

# Certificate

This is to certify that **Ms. Rafat Mukhtar** has carried out her research entitled "**Adjustment of the physically handicapped children as a function of parental attitude, locus of control and need pattern**" under my supervision.

It is further certified that her work is an original piece of work and is fit for submission for the award of Ph.D. degree in Psychology.

Hamida Ahmad

(PROF. MRS. HAMIDA AHMAD)

*"Gone - flitted away,*
*Taken the stars from the night and the sun*
*From the day!*
*Gone, and a cloud in my heart.*

*~Alfred Tennyson*

*Dedicated to my nephew*

*Zoheb (Zia)*

# *Acknowledgement*

*In the name of ALLAH, the benevolent and beneficent, whose grace and mercy guided me in the completion of the work successfully, a work that I could complete after more than two decades. It was Almighty's strength alone that I could take up from where I had left after such long a gap.*

*No man is an island, its people around you, whose support, help and cooperation make even the most difficult work a possibility. Emotions and gratitude for them are difficult to express in words.*

*First and foremost, I would like to express my thanks, love and appreciation to my nephew, my son, Zoheb who is no longer with us but whose memories I'll cherish till I live. Zia, this one is especially for you....*

*My sincerest thanks to my supervisor, Prof (Mrs.) Hamida Ahmad, Chairman, Department of Psychology, A.M.U.Aligarh, for her valuable guidance and inputs inspite of her hectic academic and administrative schedules. She has been helpful in every possible way and led me to this milestone of achievement.*

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*My families' blessings and support has been an anchor throughout this phase. My profound gratitude to my husband Mr.A.H.Mallick for helping me in each and every way to accomplish this task.*

*I wish to express my sincere thanks to my nieces, Sharah, Ammara and Varisha for their selfless assistance and enormous support, suggestion and cooperation.*

*And finally in my series of acknowledgment, I come back to where I started from - my thanks to Almighty for everything and for each of his blessings.*

Rafat Mukhtar

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# *Chapter-I*

# *INTRODUCTION*

One of the most important concerns of social scientists is to study issues which would help in benefiting groups that are disadvantaged. Since groups which are disadvantaged have their own specific potentials, efforts should be made to discover these abilities. Nurturing and strengthening these talents can help to reduce the negative impact of deficits and help to superimpose strengths upon weaknesses. Not only can the differently abled become self dependent, they may even contribute to society in their own way. The large numbers of individuals falling in the various groups of those who are differently abled make it imperative that we must not deny this group the chance to live a good quality of life in harmonious relationship with the community and the world at large.

This research focuses on probing certain important psychological dimensions of the handicapped child. In order to have a proper perspective of the problem, it is necessary to understand very clearly and thoroughly the concept of 'handicap' in all its ramifications.

## HANDICAP

The concept of disadvantaged group had always been understood and appreciated, but at different points of times, terminologies underwent a change. The individual with handicap has been referred to as 'differently-abled', 'challenged', 'specially-abled' etc, apparently to rise above the stigma of the word 'handicap'. However the term handicap is being used by the present investigator without any negative implications or undertones. In reality all of us have some handicap. Definitely, 'differently abled', is a more sensitive term but the usage of the term 'handicap' in the present study is without any intention to undermine the importance of this group of our fellow human beings.

The present investigation has been undertaken to study the adjustment of the orthopaedically handicapped children as a function of parental attitude, locus of

control and need pattern. More specifically, the present research aims to investigate in what manner parental attitude, causal attribution in terms of internality and externality and motivational forces of the disabled children directly influence the individual's adjustment.

In this investigation the researcher has tried to assess how far child's opportunity for growth and development are affected by the actual disability and also by the secondary or associated handicap, including motivational factors, attributional process and child's family and social experiences.

To study the disabled child is a complex process because discovering something of the child's back ground and opportunity available to him requires special knowledge as well as well as sensitivity. The effective development of intellectual skill depends not only on genetic potential and appropriate environmental experiences but also motivational forces within the child impinging on him in the form of parental encouragement and attitudes. Therefore, it is meaningful to probe into the world of his motivational forces, causal attribution and parental inputs which may help inevitably to solve the problem of adjustment effectively of these special children.

For the social scientist, a major concern for studying the special groups is to understand and give direction to them. And this concern takes us to the individual's most crucial and critical period of life namely, childhood.

'Handicap' refers to a relative incompetence ensuing from a condition which does not permit pursuit of achievement and goal reaching at the normal and optimal level. This condition is intrinsically a pathological or disadvantageous state which does not allow the individual to reach normal standards.

Disability is not an individual's own choice. A normal person's limbs and sensory organs are intact. But when a child is born without one or more limbs and is

unable to perform important functions, which other children perform, it is definitely a situation requiring attention. This deficit may be due to biological reasons or accident. Disability is a significantly restricted (or absent) ability relative to an individual or group norms. The term is often used to refer to individual functioning including physical impairment, or mental disorder. This usage is associated with a Medical Model of disability. By contrast, Human Rights and Social Models focus on ability as an interaction between a person and their environment highlighting the role of a society in labeling, causing or maintaining disability within that society, including through attitudes or accessibility favoring the majority.

In a field as large as orthopaedically handicap, it is difficult to formulate a simple definition which is broad enough to cover the various sub-classifications. At the ***White House conference on Child Health and Protection (1930),*** two committees with different orientations afford somewhat different definitions. The sub committee clearly proposed a short definition.

"The crippled child is a child that has a defect which causes a deformity or an interference with normal function of the bones, muscles, or joints. His condition may be congenital or it may be due to disease or accident. It may be aggravated by disease, by neglect, or by ignorance."

The Committee on the handicap child defined as follows " the crippled child is one who is under 21 years of age and by reason of congenital or acquired effects or developmental disease or wound is or may be reasonably expected to become deficient in the use of his body or limbs and also excluding serious, mental and moral abnormalities, unless found in conjunction with orthopaedic defects". The former definition contains sociological implications of neglect or ignorance while the later definition rules out certain other handicaps.

According to ***Medical Dictionary of Law (1996),*** handicapped is defined as "a disadvantage that makes achievement unusually difficult especially a physical disability".

***Merriam-Webster's Medical Dictionary, (2002),*** defines "handicapped having a physical or mental disability that substantially limits activity especially as caring for oneself, working in relation to employment or education."

***Stedman's Medical Dictionary (2002, 2001),*** defined "handicap a physical, mental, or emotional condition that interferes with ones normal functioning".

***The World Health Organization*** defines disability as follows: Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. ***Impairment*** is a problem in body function or structure; and activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.

A major challenge faced by individuals referred to as "a person with a disability" or "a person who is disabled" or more controversially who is "handicapped" is "to adjust to his or her environment which is composed predominantly of non-handicapped persons". Adjustment is a goal of life which all humans strive for because a sense of well-being and good quality of life depends to a great degree of adjustment made by the individuals. The process of adjustment is thus, a crucial in the context of handicap.

***Estimates of worldwide*** and country wide number of individuals with disability are not easy to obtain. Notwithstanding the varying approaches that are taken to define disabilities, demographers agree that the world population of individuals' with disabilities is very large. The estimated global disability statistics is that there are as many as 600 million persons with disability constituting the world's population and out of the 600 million ***UNICEF*** has estimated around a quarter or 150 million are children (A report on Lives of Disabled Children Disability Awareness in Action 2001).

A recent ***World Bank Study*** **(1999)**, noted that the proportion of disabled children in developing countries has estimated that 6 to 10% of children in India are born disabled and that because of low life expectancy, possibly a third of the disabled population are children.

A 1999 ***UNICEF*** Commissioned study by anthropologist Nora Groce entitled "An overview of young people living with disabilities" concluded that with half of the world population under 15 years old, the number of adolescents with disabilities can be expected to rise over next decade. This rise not only reflects that birth rate but the increased risk for acquiring a disability due to work related injuries and risk taking behaviour.

Among the many Untied Nation agencies, only ***UNICEF*** is wholly focused on representing children and responding to their needs. The estimated 150-250 million disabled children world wide, need ***UNICEF*** as their champion for inclusion in global programs aimed at all children in need.

According to ***U.S. Bureau of Census***, 2004, there were some 32 million adults aged 18 or over in the United States plus another five million children and youth under age 18, who were disabled. If we add impairment or limitations that fall short of being disabilities, census estimates come to a figure at 51 million.

India has about ***forty to eighty million*** people living with disability; among them thirty percent of them are children below the age of fourteen years. According to an estimation, population with disability of this millennium is about over 90 million ,of these ***twelve million are blind, twenty nine million are with low vision, twelve million are with speech and hearing defects, six million orthopaedically handicapped, twenty four million mentally retarded*** *and* ***eight million*** are ***mentally ill.***

Some studies indicate that in developing countries the proportions and numbers may be significantly higher and unfortunately seem to be on the rise. Every year an estimated ***8 million children*** about ***6 percent of total birth*** worldwide are born with a serious birth defect of genetic or partial genetic origin. Birth defects are a global problem, but their impact is particularly severe in middle and low economic countries where more than ***94 percent*** of birth with ***serious defects*** and ***25 percent*** of ***death of these children*** occur. The report notes major demographic reasons for the higher rates of birth defects in poorer countries whereas many of the lowest rates are found among the world's wealthier countries. The enormity of the problem is disturbing according to estimates.

The ***International Classification of Functioning, Disability and Health*** produced by the World Health Organization, distinguishes between body functions (Physiological or psychological, e.g. vision) and body structures (anatomical parts, e.g. the eye and related structures). Impairment in bodily structure or function is defined as involving an anomaly defect loss or other significant deviation form certain generally accepted population standards, which may fluctuate over time. Activity is defined as the execution of a task or action. The ICF lists 9 broad domains of functioning which can be affected:

- Learning and applying knowledge
- Generally tasks and demands

- Communication
- Mobility
- Self-care
- Domestic life
- Interpersonal interactions and relationship
- Major life areas
- Community, social and civic life.

Some disability rights activist use an acronym TAB, ***'Temporarily Able-Bodied"***, as a reminder that many people will develop disabilities at some point in their lives due to accidents, illness (Physical, mental or emotional), or late-emerging effects of genetics.

To study the handicapped individual the first dimension of primary importance, which gives rise to problems and issues of psychological relevance, is the adjustment. When we think about physically handicapped in this context the level of psychological protection is found to be lesser in comparison to the other normal children as they are unfortunate to experience unpleasant and troubled life events which leads towards non adjustive prospects. Thus, they have to strive and mould their behavior to face adversity with courage. The family and social support system is important to child's development and adjustment. A disabled child's capabilities are limited by crippling condition. The reliance on outside support is greater. If the environment does meet the child's social and emotional needs then adjustment may easily occur. This sensitive relationship has been observed to be a critical variable effective in the adjustment of the handicapped.

There are many kinds of orthopaedic handicaps, some easily recognizable, others not so noticeable, but nevertheless crippled in the full meaning of the term. Some are minus a hand or an arm, some have deformities of the hips or trunk, some walk

with one or two canes or crutches and some get about in wheel chairs. Another large group does not appear on the street because their orthopaedic handicaps are so extreme; others are bedridden. Although modern society tries to care for them, a few crippled adults with a minimum of self pride beg on street corners.

The best known of the orthopaedic handicaps is poliomyelitis, more commonly called ***infantile paralysis***. This disease is caused by a virus which is contagious. The virus may be transmitted directly from person to person and sometimes by carriers who do to not have the disease themselves. In its early stages it is characterized by upper respiratory and gastrointestinal symptoms. Some cases progress to involvements of the central nervous system with no paralytic or paralytic effects. The paralytic form produces an acute inflammation of the gray matter of the spinal; cord and result in paralysis of one or more portions of the body. The muscles whose actions are controlled by the affected nerves atrophy and crippling takes over.

Another crippling infectious disease is ***osteomyelitis*** which produces an inflammation of the marrow of the bones. The infection may be carried through the blood and results in destruction of the bone. It can attack any bone quite frequently bones of the leg in the vicinity of the knee are affected. Tuberculosis may strike bones or joints. Growing portions of the bones are frequently attacked by this germ infection. Syphilis and rheumatoid arthritis are additional infections which may produce crippling conditions.

***Congenital anomalies***: Children may be born with congenital anomalies. The absence of the one or more limps and congenital dislocation of joints sometimes occur. Cleft lip, cleft palate, clubfoot, and club hand are part of this group.

***Torticollis or wry neck*** is one twisted from its usual position causing the head to lean towards the shoulder on the affected side with the chin turned to the opposite side. Spina bifida is a congenital defect in which a portion of the spinal column is left open.

***Traumatic crippling*** is an amputation of one or more limbs from accidents, injuries, or from infections is sometimes necessary. With the increase of traffic accidents traumatic crippling seems to be on the increase. Serious degree burns often result in great impairment of physical motion as well as the social rejection which ensures from any unfortunate appearance. Sprains from falls or from abnormal postures in play or in lifting may force various joints such as shoulders, elbows, wrist, hips, knees, and ankles out of normal positions. These contractures sometimes do not heal completely without permanent stiffness. In this sub classification crippling due to birth injuries may be included. Erb's palsy is caused by unusual strain and pressures on upper portions of the body in difficult birth delivery so that nerves are permanently injured. Paralysis of hands, arms, and other muscles of the chest may result.

***Tumors*** are abnormal masses with no physiological function which produce excessive swelling and disruption of the normal life process. Tumors may develop in bones as well as in other organs or body system. Cysts are collections of morbid matter which gather in various nature cavities including those in bones. Sometimes these various infections grow into malignancy.

There are many other type and causes of crippling handicaps. ***Coax plana***, is the technical terms for atrophy or wasting away of the femur or principal thigh bone. When such wasting occurs in childhood the femur develops into an abnormally shortened and thickened state so that walking and other bodily movement cannot follow the normal pattern. ***Spinal osteochondritis*** is an inflammation of both bone

and cartilage affecting the normal growth of the spine. ***Spinal curvature and hunchback*** are among a total of over seventy different causes of orthopaedic impairment.

The ***American Psychological Association*** guide states that, when identifying a person with impairment, the person's name or pronoun should come first, and descriptions of the impairment or disability should be used so that the impairment is identified, but is not modifying the person. Improper examples are "a borderline"," blind person," or "an autistic boy." More acceptable terminology includes "a woman with Down syndrome" or "a man who has schizophrenia." It also states that a person's adaptive equipment should be described functionally as something that assists a person, not as something that limits a person, e.g. "a woman who uses a wheelchair" rather than "a woman confined to a wheelchair."

A similar kind of "people first" terminology is also used in the UK, but more often in the form 'people with impairments' (e.g. "people with visual impairments"). However, in the UK, the term "disabled people" is generally preferred to "people with disabilities." It is argued under the social model that while someone's impairment (e.g. having a spinal cord injury) is an individual property, "disability" is something created by external societal factors such as a lack of wheelchair access to their workplace. '"This distinction between the individual property of impairment and the social property of disability is central to the social model. The term "disabled people" as a political construction is also widely used by international organizations of disabled people, such as Disabled Peoples International (DPI).

Many people with autism spectrum disorders do not like people first language, because they feel that autism is a part of their personality. In their opinion, to call someone a "person with an autism spectrum disorder" implies that the ASD is

somehow separate from the core of the person, or is a transitory or curable condition.

Many books on ***Disability and Disability Rights*** point out that 'disabled' is an identity that one is not necessarily born with, as disabilities are more often acquired.
In concert with disability scholars, which a variety of conceptual models has been proposed to understand and explain disability and functioning, which it seeks to integrate these models include the following.

The ***Medical Model*** is presented as viewing disability as a problem of the person, directly caused by disease, trauma, or other health condition which therefore requires sustained medical care provided in the form of individual treatment by professionals. In the medical model, management of the disability is aimed at a "cure," or the individual's adjustment and behavioral change that would lead to an "almost-cure" or effective cure. In the medical model, medical care is viewed as the main issue, and at the political level, the principal response is that of modifying or reforming healthcare policy.

The ***Social Model*** of disability sees the issue of "disability" as a socially created problem and a matter of the full integration of individuals into society (see Inclusion (disability rights)). In this model, disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment. Hence, the management of the problem requires social action and is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life. The issue is both cultural and ideological, requiring individual, community, and large-scale social change. From

this perspective, equal access for someone with an impairment or disability is a human rights issue of major concern.

The ***Spectrum Model*** refers to the range of visibility, audibility and -sensibility under which mankind functions. The model asserts that disability does not necessarily mean reduced spectrum of operations.

The ***Moral Model*** (Bowe, 1978) refers to the attitude that people are morally responsible for their own disability. For example, the disability may be seen as a result of bad actions of parents if congenital, or as a result of practicing witchcraft if not. This attitude may also be viewed as a religious fundamentalist offshoot of the original animal roots of human beings when humans killed any baby that could not survive on its own in the wild.

The ***Expert or Professional Model*** has provided a traditional response to disability issues and can be seen as an offshoot of the medical model. Within its framework, professionals follow a process of identifying the impairment and its limitations (using the medical model), and taking the necessary action to improve the position of the disabled person. This has tended to produce a system in which an authoritarian, over-active service provider prescribes and acts for a passive client.

The ***Tragedy or Charity Model*** depicts disabled people as victims of circumstance who are deserving of pity. This, along with the medical model, is the models most used by non-disabled people to define and explain disability.

The ***Legitimacy Model*** views disability as a value-based determination about which explanations for the atypical are legitimate for membership in the disability category. This viewpoint allows for multiple explanations and models to be considered as purposive and viable (DePoy and Gilson, 2004).

The ***Social Adapted Model*** states although a person's disability possess some limitations in an able-bodied society, oftentimes the surrounding society and environment are more limiting than the disability itself).

The ***Economic Model*** defines disability by a person's inability to participate in work. It also assesses the degree to which impairment affects an individual's productivity and the economic consequences for the individual, employer and the state. Such consequences include loss of earnings for and payment for assistance by the individual; lower profit margins for the employer; and state welfare payments. This model is directly related to the charity or tragedy. In recent 3 years, however, the preoccupation with productivity has conflicted with the application of the medical model to classify disability to counter fraudulent benefit claims, leading to confusion and a lack of co-ordination in disablement to carry any job.

Some conventional theories of personality have been developed from direct observation of the persons with physical disabilities. Among these theories are psycho-analysis and its derivative (such as ego psychology). Alfred Adler's individual psychology; and organism theories of Goldstein; behaviourism espoused by John Dollard, Spinner and growth oriented theories and Carl Roger and Maslow.

Occasionally person with physical disabilities have been studied to elaborate a particular point. For example Adler, because of his early concern for problem arising from "organ inferiority", has also interpreted as implying that physical disability is a source of feeling of inferiority. This feeling either becomes over-whelming or stimulates psychological development of the opposite type, a reaction called compensation (making up for inferiority in one sphere by becoming

superior in another). Ansbacher and Ansbacher (1956), however, point out that the idea of organ inferiority was not able to provide the foundation for a full fledged psychology of disability, and Adler's interest diverted to other matters.

Kurt Goldstein (1939), formulated a theory which emphasizes the unity of the organism (holistic integrity). Goldstein maintains that the organization of the whole often over-ride meaning of the part that comprise it. The doctrine is illustrated by Wright (1964), through the description of how an undesirable fact may be constructively accepted into the self concept. Wright thought if the situational context is encouraging, acknowledgement of even undesirable personal characteristic can strengthen a person's self concept. According to the organismic theory, the whole can exert such a dominant influence over a part that the though potentially disruptive in isolation reinforces the whole. Goldstein's abstract attitude is a flexible and differentiated way of assimilating experiences; it enhances self actualization because it increases personal complexity and wholeness. When applied to the effect of disability, the abstract attitude enables the person to see continuities rather than disparities between the past and the future, and to find new solutions to problem that disability imposes.

Goldstein's concept, concrete behaviour treats each thought or event unique specific and isolated concrete behaviour serves the whole organism, it prevents threatening experiences from destroying complex structures. For example a person who denies disability is not trying to avoid an unpleasant reality, but is trying to preserve personal integrity from destroying the entire self concept. Psycho-analytical theory regards denial as a defence, organism it as a coping mechanism.

Despite a decline in a dominance of Freudian psycho-analytic theory it remains an important source of explanation of reaction to physical disability. Psychoanalytic theory presumes that, basic personality structure is laid down in early life, and all

reactions to stress are shaped by and flow through that structure without altering its basic. Barker and Wright (1952), suggested that the idea of 'defence mechanism' the well known of psychoanalytic theory explains reaction to disability. For example – 'Regression' implies the return of the patient to state of childhood dependency. 'Reaction formation' is a compensatory device by which a patient substitutes a positive action and belief for lost may react against the fear of doing something new by convincing himself and others that he is eager to try it. Patients may also respond to their feeling of guilt, despair, or disgust by projecting them on to others. 'Acting out' occurs when a patient converts energy from anxiety into action and engages in provocative aggressive or rebellious behaviour. 'Withdrawal' is an attempt to manage stress by 'retreating' into one self. It may follow out burst of rage, period of depression, may manifest itself in sullenness, passive mood, and apparent apathy. 'Denial' constitutes refusal to admit reality of one's physical state, despite clear evidence of its existence. 'Crisis theory' also presents a view which sees denial as a necessary and recurring stage in adaptation.

A body image is a mental representation of self as an organic entity. In normal development, one's physical body becomes the locus of self identity. The body serves as the base to which later self-related experiences are referred. (Fisher and Cliveland,1968). For human beings and more particularly the child, the physical appearance aspect is the observable and therefore more tangible aspect of personality.

For human beings and more particularly the child, the physical appearance aspect is the observable and therefore more tangible aspect of personality. The philosophical tenets which hold to be an essential unity, that the mind and body are different aspects of the same individual, lends intellectual support to the belief the intimate interdependence of physique and personality.

Throughout recorded history and probably before, man has been intrigued by the possibility that the outward characteristic of physique might in some way be a guide to the inner nature of man, to his temperament, his characteristic and his personality.

Many personality theories have been forwarded with this point as the central theme, e.g., theories of Sheldon, Kretschmer etc. thus it is an interesting point to ponder whether a drastic change in personality is expected when the basic body structure inherent to the individual is impaired by accident. Further it is also a relevant point to observe whether a particular personality type classified on the basis of physical constitution will be affected and if so in what manner.

It is important to recognize that someone may be physically handicapped even though the physical limitations are not disabilities from the physiological and medical point of view. A person with average voice is handicapped if he or she aspires to become a great singer. Deep dissatisfaction in some aspects of ones body is common in our society found that almost all the children interviewed felt sensitive or inferior about some aspect of their bodies The self evaluation of the children was handicapping even though they did not have a disability.

A fundamental point is that source of obstacle and difficulties is what handicaps a person, and cannot be determined by describing the disability alone. Thus, although the disability itself may contribute to difficulty in goal achievement, physical, attitudinal, legal and other social barriers are also handicapping. The handicapping factors reside entirely in negative social attitudes even if the disfigurement itself does not involve a functional loss. More-over a person with a disability may or may not be handicapped, and a person who is handicapped may or may not have a disability.

Moreover, when environmental changes are made to accommodate the need of person with a disability, and when that person has also undergone necessary adaptations, then even someone with a serve disability may be minimally handicapped. A person who is blind may not be handicapped in work that does not require visual orientation. A person in a wheel chair may be no more frustrated in a barrier free job situation than the person who has the catch the bus every morning.

A person with a handicap is one who is challenged by emotional, physical, mental, social or age hurdle. People constantly interpret themselves in relation to other human beings. No personality characteristic, physical or mental can be measured in a vacuum. Always it must be evaluated in a setting. This consists of the individual's own ideas or concepts of what his parents, his relatives, his friends and society in general think about him, and also what he thinks about himself, or his self concept. In other words, each person perceives himself and his world according to his own frame of reference.

## ADJUSTMENT

A person with an impaired physique differs as a group in over all adjustment from their able bodied counterparts. On the basis of special cases on disability it appears that an extraordinary weight is given to physique in regard to gender role relationship which challenges self esteem in the process of adjustment. A handicap person should be guided to develop his dominant abilities and should be integrated in the main stream of the population to attain full participation and equality in the society. Therefore the environment must be adopted to meet their development need and to attach them to the mainstream. If a handicapped person has some special skill it should be fostered as it may become the backbone of his adjustment and livelihood. In terms of social benefits also the potentiality and

excellency of handicap individual must be encouraged and enhanced to reach normal optimal level.

The term adjustment occurs so frequently in psychological literature that it must be understood as a core concept of the discipline. This is undoubtedly true, since each of us is faced with a multitude of challenges, obstacles and conflicts, and it is imperative that all these must be managed through appropriate behaviour. The behavioural process of balancing conflicting needs, over coming obstacles in a healthy constructive manner such that we are not alienated from the environment may broadly be termed as adjustment.

Adjustment involves altering one's behavior to reach a harmonious relationship with the environment. This is typically a response brought about by some type of change that has taken place. Sometimes the stress of this change causes one to try to reach a new type of balance or homeostasis between the individual (both inwardly and outwardly) and the environment.

Various eminent psychologists have defined adjustment as:

According to ***Good (1959),*** "Adjustment is the process of finding and adopting modes of behaviour suitable to the environment or the changes in the environment."

***Gates and Jerslid (1948),*** have pointed out that adjustment is *a* continuous process in which a person varies his behaviour to produce a more harmonious relationship between himself and his environment.

***Crow and Crow (1956):*** As individual, adjustment is adequate wholesome or healthful to the extent that he has established harmonious relationship between himself and the conditions, situations and persons who comprise his physical and social environment.

A perusal of these and other definitions of adjustment lead us to conclude that following are the characteristics of adjustment:

1. It helps us to keep balance between our needs and the capacity to meet these needs.
2. It implies changes in our thinking and way of life to the demands of the situation.
3. It gives us the ability and strength to bring desirable changes in the state of our environment.
4. It is physiological as well as psychological.
5. It is multidimensional.
6. It brings us happiness and contentment.

Therefore, a comprehensive definition of adjustment would be that-"Adjustment is a condition or state in which one's need have to be (or will be) fulfilled and the individual's behavior confirms to the needs of a given environment. In a way the whole process of living involves a process of adjustment. It is a life-long process in which one enters into a relationship of harmony with one's environment. Psychologically, adjustment means a person interacts with his or her environment."

The concept of adjustment is as old as human race on earth. Systematic emergence of this concept starts from Darwin. In those days the concept was purely biological and he used the term adaptation. The adaptability to environmental hazards goes on increasing as we proceed on the phyogenetic scale from the lower extreme to the higher extreme of life. Insects and germs, in comparison to human beings, cannot withstand the hazards of changing conditions in the environment and as the season changes, they die. Hundreds of species of insects and germs perish as soon as the winter begins. Man, among the living beings, has the highest capacities to adapt to new situations. Man as a social

animal not only adapts to physical demands but he also adjusts to social pressures in the society. Biologists used the term adaptation strictly for physical demands of the environment but psychologists use the term adjustment for varying conditions of social or inter personal relations in the society. Thus, we see that adjustment means reaction to the demands and pressures of social environment imposed upon the individual has to react. Observe the life of a child, he is asked to do this and not to do other things. He has to follow certain beliefs and set of values which the family follows. His personality develops in the continuous process of interaction with his family environment. There are other demands which may be termed as internal as hunger, water, oxygen and sleep etc. If we do not fulfill these internal demands, we feel uncomfortable. With the development of the child, these physiological demands go on increasing and become more complex. These two types of demands sometimes come into conflict with each other and resultantly make the adjustment a complicated process for the individual. Conflicts among the various needs or demands of a person present special problems of adjustment. If we gratify one of the conflicting needs, the need which is not gratified will produce frustration and leads sometimes to abnormal behaviours. Psychologists have interpreted adjustment from two important points of views: one adjustment as an achievement and another, as a process. The first point of view emphasizes the quality of efficiency of adjustment and the second lays emphasis on the process by which an individual adjust to his external environment.

Adjustment was originally biological one and was concerned with adaptation to physical environment for survival. Adaptation to physical environment is, of course, a person's important concern, but he has also to adjust to social pressures and demands of socialization that are inherent in living interdependently with other persons. There are also the demands from a person's internal nature, his physiological needs like hunger, thirst, sleep, sex, elimination, etc. and psychological needs like needs to belong to get esteem, to self actualize, to get in

combination and in interactive fashion that influence the psychological functioning and adjustment of person.

The problem of adjustment is both internal and external and is related to arising at a balance state between the needs of the individual and their satisfaction. Adjustment is a relative term; opposite of adjustment is maladjustment. Life presents continuous chain of struggle from fear of maladjustment to satisfaction of adjustment.

The process of adjustment is complicated because a person's interaction with one demand may come in conflict with the requirement of another. Conflict can arise either because two internal needs are in opposition, or because two external demands are incompatible with each other, or because an internal need opposes an external demand. Conflict presents special problems of adjustment. Satisfaction of one need as opposed to other needs may not provide full satisfaction. On the other hand, failure to gratify a strong need or to respond to a strong external demand may result in painful tensions. These tensions can disturb psychological comfort, produce physical symptoms, or result in abnormal behaviour.

Adjustment may be viewed from two angles. From one angle, adjustment may be viewed as achievement or how well a person handles his conflicts and overcomes the resulting tension. From another angle, adjustment may be looked upon as a process or how a person adjusts to his conflicts.

Adjustment as a psychological process is a process of major interest to psychologists who want to understand a person and his behaviour. The way one tries to adjust himself and to his external environment at any point of time, depends upon interaction between the biological factors and his social experiences. There are three broad types of adjustive process in the event of a conflict between a person's internal need states and environment demands: (a) The

person may modify or inhibit the internal impulse, (b) The person may try to alter the environmental demand in some manner so that he resolves the conflict, (c) The person may "escape" through unconscious resources to mental mechanisms like fantasy, compensation, projection, rationalization, sublimation, etc. We cannot call any of these modes of adjustments as the most superior. None of them used in isolation, to the exclusion of others is helpful in adjustment. Excessive use of any one of them is likely to be maladaptive. The human beings in order to reconcile their needs or the environmental demands must modify or inhibit their own impulses sometimes, alter or modify the environment at other times, and use some mental mechanism at other times and at times a combination of all the three.

In general, the adjustment process involves four parts: (1) a need or motive in the form of a strong persistent stimulus, (2) the thwarting or non-fulfillment of this need, (3) varied activity, or exploratory behaviour accompanied by problem solving, and (4) some response that removes or at least reduces the initiating stimulus and completes the adjustment.

The sequence of adjustment begins when a need is felt and ends when it is satisfied. Hungry people, for example are stimulated by their physiological state to seek the food. When they eat, they reduce the stimulating condition that impelled them to activity, and that are thereby adjusted to this particular need.

Social and cultural adjustments are similar to physiological adjustments. People strive to be comfortable in their surroundings and to have their psychological needs (such as love or affection) met through the social networks they inhabit. When needs arise, especially in new or changed surroundings, they impel interpersonal activity meant to satisfy those needs. In this way, people increase their familiarity and comfort with their environments, and they come to expect that their needs will be met in the future through their social networks. Ongoing

difficulties in social and cultural adjustment may be accompanied by anxiety or depression.

Adjustment calls for efforts on the part of the individual to achieve a balance between stressful situation brought about by needs, conflicts etc. Even for the normal the human being who's a physical and psychological capacity is within a normal range of functioning, this is not an easy task. For the individual who has a deficit which causes conflicts and problems of greater severity, this would be a doubly demanding and difficult. Attempts have been made through various interventions to help handicapped children to achieve adjustment for example by integrating them with normal children, providing special education, providing other supportive measures necessary to cope with orthopaedics and sensory handicap.

In the perspective of individual's with disabilities and their adjustment, especially when all attempts of getting away from disabilities have not been successful then the question of "how" they best get to be along and adjust with it. Definitely, some help is accorded by interventions but problems do remain. For example, the orthopaedically handicapped child with different reason of his specific disability may suffer pain, fatigue, from undue exertion, fear of injury and accident and fear of social rejection. These factors are difficult for him to form realistic perception of his adequacies and limitations. As a result of too much attention or social or emotional rejection by parents and others or condescending attitudes on the part of the society in general, the resulting behaviour may be maladaptive.

Adjustment process for both born with handicap that is congenital handicap and acquired handicapped is a crucial process. It is observed that the individual with acquired may suffer the pain of self pity and sometimes despair when comparing oneself to the previous state of well-being. The disability stands out as a painful

difference although perceptual contrast can also serve to orient the person towards coping.

Those who are born with a handicap may not have a self image of a non-disabled state but the obstacles faced by the handicap are as real for them. Adjustment involves both coping the physical aspect and at the psychological level. It is possible that the psychological trauma for those with inborn handicap is different than those with acquired handicap, thus having implications for the adjustment. Just as a person who has seen very affluent and prosperous times feels utterly dejected and breaks down when bad times comes suddenly. The person who is already living in bad times copes better. Another factor of importance to the adjustment focuses whether the position of the person is that of internals or externals. Regarding internality and externality, person not only wishes for improvement but realizes with the necessity of adjusting through his own efforts with the disability problems, some of which may not be felt by the stranger or causal acquaintance. The internals would be more inclined than externals to identify with and look with favour on assertive devices that enables them to function and adjust better.

Clearly, no simple correspondence exists between personality type, severity and obviousness of disability. Those who advocate the marginality hypothesis point out that the mildly or marginally disabled individual is in a more ambiguous role socially and hence subject to the stress of being deprived of a weak defined niche in relation to others. However, marginality itself may be situation-specific, demanding upon whether the presence of the disability is highly salient within a given setting. Furthermore, ability level and social awareness may interact with these variables to make prediction more complicated and provoke a feeling of inadequacy. Normal social interchange becomes difficult which is stemming from limited competence, restricted, motor capabilities and intellectual limitations.

The stress regarding the adjustment encompasses a set of cognitive, affective and coping behavioural variables. Basowitz, Persy, Korchin and Grinker (1955), emphasized on above mentioned these important domains of personality to study the adjustment of special individuals. According to Freudian and Neo-Freudian, childhood is a crucial period of life. Childhood experiences are determinant of the future development growth and overall adjustment. The special group viz disabled children are being taken by the researcher to study. They are the focus of concern and because their being differently abled makes them feel and behave differently. As soon as the child realizes of being disabled , their parents, siblings ,peers and other social group starts labeling and behaving with them differently. In this way, they start forming a negative image of themselves which ultimately influence their future related behaviour.Various psychologists like Paul, Schielder and Kretchmer laid down emphasis on outward characteristics of the individual. So when the child's self evaluation and evaluation of the world around him provides a negative image at those crucial points of life i.e. childhood, the feeling of being deformed, disabled increases and affects his development and adjustment in the latter period of life.

.No human being can live apart from his physical environment. There is action and reaction chain going on between the individual and his environment. Then there are social pressures and demands of socialization. To these may be added the individual's personal demand such as the satisfaction of physiological needs. All this complex functioning of the person demands adjustment. The process of adjustment becomes still more complicated when his interaction with one situation comes into conflict with the requirements of the other situation. One situation may give rise to pleasure while the other may give rise to pain. The resulting tension may cause disturbance in his psyche, produce uncomfortable physical symptoms or may even lead to maladjustment.

# PARENTAL ATTITUDE

The child's emotional health is determined by environment in which he grows up and the manner in which he has the relations with the people in his environment, particularly his parents who play a vital role in determining his basic personality structure. The child needs a reasonable degree of acceptance, identification and appreciation by his parents, in order to live a happy life. Kelley, Wallerstain (1976) and Symond (1939) averred that such children are more cooperative, social and stable. Siblings, peers and teachers also play an important role as time goes by, but during the earliest most formative years of the individual, parents exert the greatest influence. Researches have shown that early months of life are tremendously important in starting the infant on the pathway of hearty and healthy development especially through the process during the period known as "mothering"- which refers to the subtle factor of maternal love and stimulation (Bowlby (1969). Freud laid great stress on mother child relationship particularly in her capacity to arouse both pleasurable and unpleasurable sensations. The mother becomes "unique without parallel", establishes unalterably, for a whole life time, as the prototype of relations for both the sexes.

Thus, important contributory factor in the development of a child especially when the child has some disability is the parental role and attitude because amongst the various systems, family support emerges out to be the strongest one. It is the support which helps to stand confidently even in adversities. Amongst the family, parental support is the most crucial aspect. A child represents the extension of the parents self and the birth of a disabled child can represent a serous threat to or even damage the parental ego (Kovacs and Hayes, 1969).

Of all the forces in the process of socialization, the family or whoever cares for the child is most instrumental in molding the infant's developing behaviour. The infant is affected by personalities of parents, with their expressed and unexpressed personal needs, wishes and fears. The strength and weaknesses of parents as individuals plus their attitudes toward each other are part and parcel of the primary culture which molds the child's early behaviour patterns. The single most powerful factor in the personality development of child is the happiness and stability of the home in which he spends his early years. A happy and stable home is one in which there is affection and consideration among the members for each other, one in which individual members are emotionally secured in mental health.

Home environment is most significant in determining whether a child and the future adult, will exhibit initiative, resourcefulness, self-reliance and the motivation to interact with others, to co-operate and be at ease with others or on the contrary, declination to interact with others, shyness, inability to persist or accept responsibility and failure to succeed. All authorities seem to be agreed upon one point, that the family group is largely responsible for the child's future social adjustment. There are a vast number of empirical studies which show the significance of the very early family situation in determining what sorts of personalities children will later develop. The family is a network of emotionally charged channels or relationships. Much of this is nonverbal in its communication, but it definitely produces feeling. Whatever the parent-child relationship is, it will be carried over into adulthood.

Parenting as the style of upbringing refers to a privilege or responsibility of mother and father, together or independently to prepare the child for society and culture (Veeness 1973,a), which provides ample opportunity to a child to find roots, continuity and a sense of belonging (Sirohi and Chauhan, 1991), and also serves as an effective agent of socialization. Though parenting as a perception of

parents own attitude towards the child, has received great attention in socio - psychological researches, but how child perceives his or her parenting has remained a neglected phase of research (Bharadwaj, 1996). The child's perception of parental attitude towards himself is crucial in the dynamics of behaviour and may open new avenues of research for deeper problem in the domain of parent child relationship.

The two distinctive roles of parents include both mothering and fathering. A child bestows on both mother and father together or independently, the responsibility of his or her upbringing. It is important to note that most of the children have a fairly definite clear-cut concept of 'father' which differs markedly from their concept of 'mother' (Meltzer, 1943). Therefore, it appears to be of utmost importance to study perceptions regarding their fathering and mothering separately as well as parenting as a whole.

The relationships between parents and child are "styles of life" patterns of behaviour and which attitude persists and pervades all aspects of interaction between parent and child. The dimension of parent child relationship has many folded views - one such dimension is ***affection***. One of the most critical factors that influence the consequence of child depends is the emotional relationship between the parents and the child. We start discussing with the notion that the relationship is of what kind between parents and children is itself an important factor that has real impact on later development. The nature of relationship provides the back ground for parental act. In addition the behaviour of the child itself can represent or symbolize a particular attitude or feeling state on the part of parent towards the child. The parental practices do not have identical meaning in all situations, especially where the child is specially abled with special needs and adjustive modes, the effect of practice will be quite different if it symbolizes rejection then if the same practice means to the child that he is loved.

When the matter of need gratification comes, the overindulgent parents become a great need satisfier without considering the legitimacy of his or her demand. The principal consequence for the child of this parental behaviour is low frustration tolerance because the child has no experience of delay in satisfaction or with denial of gratification. When child experiences delay of denial when he leaves the narrow orbit of parental control, frustration become high or intolerable. In terms of domination and over control of the parents another dimension is ***protection***, the extent they shield and protect their children that could range from negative to over protection. Final dimension, for our purpose of study where children who are especially abled with quite different need is ***gratification*** in which child views the parental behaviour with respect to meeting the demands of the child. An extreme attitudinal pattern is ***overindulgences***. It is obvious at one and the same time at an extreme point of these dimensions is overprotective to overindulgence. Evidence for the fact that parental attitudes towards the child can manifest themselves in the manner of training comes from a variety of source. Parental attitudes exert a more powerful influence on child personality then do the events. The child forms most of the ideas about the world from his impression of his parents. The attitudes of the parents towards him affect the formation of his personality to a far greater degree. The events of a child life enhance and crystallize the parental attitude towards him and the child reacts to the parental attitude through their associating with them to the events themselves.

But in such cases parents do not allow the child to grow as a responsible person because overall protective patterns is accompanied by parental domination. The over protective child is likely to have doubts about his own worth or some times high in comparison to other family members. The feeling of insecurity and anxiety about the world out side the child is likely to internalize the anxiety to be anxious and uncertain about the world in present scenario. The child anxiety is compounded by the fact that he is deprived of opportunity to acquire skills with

which to cope and master his environment in this hazardous world and is therefore unable to handle without the intervention of his parents. As a consequence of these characteristics, the over protected child frequently has difficulty in battling for help from parents to get according to his meager skills.

Attitude of ***rejection*** is ranging between the neutral point and extreme negative. The pattern of rejection depends on prevailing attitude towards the child which is negative. There is strong pressure against acknowledging that one has negative or hostile feeling towards ones child, by definition parents love their children. The dynamic of affection relationship between parents and child are fundamentally the same as in any other interpersonal affiliation. The question of why parents rejects their children specially those who are handicapped has to be understood with more control and authority.

Symonds (1989), suggested that parental attitude might be classified in two dimensions, one extending from acceptance to rejection, and the other from dominance to submission. Acceptance meant that the child was loved and that he received kind care and consideration. Rejection implied that the parents both overtly or covertly did not want the child and were inconsiderate to his interest. Dominance refers to an attitude in which authority and discipline were emphasized, the child's wishes being subordinated to pattern of conduct and goal desired by parents. Submission designated the reverse of this; indulgent subordination of parental wishes to the desire and whims of the child. According to this scheme, the attitude of any given parent could be characterized by indicating their place on each of the two dimensions.

Clinical evidence shows pretty clearly that parental rejection has an unfavourable effect on development of the child. Their feelings and attitudes towards their child are so distant and disapproving that they find it impossible to interact with him in

a kindly and considerate manner or to develop a sympathetic understanding of him. But some parents are accepting; they understand, sympathize with and enjoy their children. Such differences in the acceptance of mothers may have a constitutional foundation.

Parents, who neglect rather than stimulate their children with new challenges, create problem of behaviours among them. The relative uncomfortableness of the more powerfully inner-directed homes, the lack of indulgence and casualness in dealing with children prepares a child for loneliness and psychic uncomfortableness. Ideal parents are mature, they love and accept their children, they are rewarding rather than punitive and they place realistic restrictions on and make remarkable demand of their children.

Parents perhaps are the basic source of well-being of the disabled. He or she should be accepted by showing the positive attitude first by his family, and most importantly by parents then by others. Parent's acceptance and positive view gives children with disability encouragement and instills in them a sense of redemption.Positve and accepting attitude is very important for preventing insecurity in a child with disability. Love, patience and understanding at home level are most important. Positive and accepting attitude is very important for preventing insecurity in a child with disability. It gives a sense of security, belongingness, love and increases, child's self confidence and self esteem, and makes him competent.

Acceptance can be developed with reference to the following:

- Acceptance that the child has a handicap.
- Acceptance of the child
- Acceptance of self.

The above are major and critical steps in healing and growing process. They imply recognition of the value of such children for who they are. They are children first and most important of all, they have feelings, wants, and needs like other children. They have the potential to enjoy life and to provide enjoyment for others. They can set for their parents and parents can set for them, realistic and attainable goals. And the attainment of these goals brings satisfaction, pride and pleasure to parents and children themselves.

As acceptance is one of the basic needs of humans (Maslow, 1954), disabled are not different in this need from anyone else. They need to be accepted as worthy individuals, both by others and from their own personal views. However, the entire process of reaching self-acceptance is a long and difficult one for the parents. It is filled with pain, frustration self-doubt, and ego shattering experience. The parent realizes that all the rest of his or her own life will be colored by the fact of disability.

However, to the new parent, it all seems quite overwhelming. Many will proceed to incorporate this new situation into their lives. They will lower their expectation of the child and enjoy the abilities and accomplishments the child does have. They seek out proper treatment for the child, and provide support and assistance for him/her during the process. Values and goals help the parents. As pain and disappointment become part of life experience for families, new perspectives about which things are important and which are unimportant may emerge. Much human growth is possible as families realize that while life may be different, it is not over.

Home is the cradle of a child's development. The personality characteristics of the parents would definitely affect the growth and development of the disabled child. The parents who accept their child as deficient may realize the need of consulting

a specialist and struggle hard to improve the lot of their child. Parental acceptance is one of the major factors for the well being of their disabled child, parents should learn to accept their children, which would lead them to strive to their utmost, and give the best possible care and training, so that they can make the most of the ability they have. These children require much more time and patience. They will learn and respond to training very slowly, but given a helping hand they will find happiness worth in life.

The impact of close and intimate relationship between the child and his parents has always been emphasized in human societies. The child comes to look upon the parents as the source of all his satisfaction, and as the persons who are to supply all the basic needs to him. At the same time the child may look upon parents as the source of his handicap, which causes hate, sometimes he may perceive the parents as the source of the solution of his disability (Sen, 1988).

On the other hand, if the child with disability is poured with excess love, care, protection, and security, he or she may develop a sense of insecurity, helplessness, alienation, frustration, depression and resentment. The family and parents need to encourage the child to attain the social acceptance, self acceptance and independence. He or she has to actualize him or her self, to realize the potentialities. And on the other hand, parents will need to overcome their feelings of frustration, guilt, confusion, despair, contradictions, helplessness and segregation.

The concept of parental acceptance, means that the child is accepted physically, mentally, emotionally and psychologically by his her parents. Whether the child particularly, the disabled child, feels happy or unhappy, depends a lot upon his emotional health, and is determined mainly by the environment in which the child grows up and the relationships he or she has with the people in his environment.

Love and acceptance helps the child feel secure, happy and confident. The child needs a reasonable degree of acceptance in order to lead a healthy, happy and decent life (Kelly ,1976).

According to Symonds (1989), "Accepted children are more cooperative, socialized, friendly, have highly valued personal characteristics and are happier and more stable than the rejected group of children." Acceptance would not mean passive resignation, rather continuing to struggle and to challenge to find the best possible options for the child and the family way.

Mental health specialists have been tempted to blame behavioral difficulties primarily on parent-child relationships because it is obvious that the nuclear family( which is the common family structure today)-the father, mother and children –have a profound influence on early development.Infact, some advocates of psychoanalysis believes that some of the severe problems of all children stem from early negative interaction between mother and child behaviour. However, empirical research on family relationship indicates that for all children and more specifically for specially abled children, influence of parent on child is reciprocal, that is family influences are interactional and transactional; and that the effect of parent child relations on one another are reciprocal (Patterson, Baryshe and Ramsey, 1989).

Sameroff, Steifer and Zax (1982), found the effect of certain specific parental attitudes on the child has always been evident in the adjustment process of an individual.

McCubbin and Patterson, (1983), added focus on the process of adaptation, namely the post crisis behaviour and attitude. Interestingly, the added factor of parental protectiveness process serves to project family from being crisis prone, and serves to foster the ease of recovery in the face of crisis situation. According

Klein and Last (1989), it is difficult for family members specially parents to handle the undesired fact of having a child with disabilities in the family or handling changes or a new input to the system. As a result, normal activities and routines are disturbed and attention is focused on how they will mange, which automatically changes their behavioural and attitudinal pattern.

There is no universal parental reaction to the added stress of raising a disabled child. It depends on parent's prior psychological make up, the severity of the child's disability, and amount of support from other family members, relatives and professionals. Parents who were well adjusted before the birth of exceptional child have a better chance of coping with the situation than those already having psychological problems. It is also assumed that parents of children with more severe disabilities usually have a more difficult time than parents of children with mild disabilities because the child care burden and treatment is greater.

The study of families of disabled individuals is difficult because of complexity of the interaction that takes place. The impact of a specially abled child or an exceptional child on family and the feelings of parents and society towards the child are so difficult to put together that conclusion should be drawn very cautiously. Reactions of family members to the individual with a disability can run the gamut from absolute rejection to absolute acceptance, from total neglect to total overprotection. In fact, some parents assert that having a family member with a disability has actually strengthened the family. However, coping with the stress of raising and living with a disabled child is not easy. The birth of any child can have a significant effect on the dynamics of the family but the birth of a disabled child can be more profound. Disabled infants and children are frequently characterized by extremes of behaviour, which in turn influences the interaction they have with parents.

In educating children with disability, family plays a very positive and potential role. Parents often have as much to offer as professional regarding suggestions for the treatment of their children.

The parents of low cohesion families may not offer to the exceptional child whatever is needed. The family may over protect the child and not allow him enough freedom. The special child's presence has a tremendous impact on the dynamics of the family. If properly handled by parents, the special child can be reservoir of support for the family. Parents can make extremely meaningful contribution for the development of special child.

It is undeniable fact borne out by experimental evidence and theorists view point that the handicap has an impact on behavioural pattern and personality development. In the never ending adjustment process, parents play a vital role by helping through their attitudes to prevent shame, guilt and despair from overtaking their handicapped child. In its place they can foster a sense of self confidence, autonomy and acceptance and a will to rise above any deficit.

The maladjustment of the handicapped children's siblings includes anxiety, lack of communication within the family over the handicapped child's condition and the negative parental attitudes and responses to the handicapped child. Anger and guilt are commonly produced by a feeling of being ignored and unappreciated for one's achievement. Awareness of the psychological and the financial demand by the handicapped children may be forced into parental roles before they are ready for excessive responsibility for handicapped siblings may lead to resentment, guilt and subsequent psychological disturbances. In such case the siblings may also be burdened with excessive parental aspirations to compensate for disappointment and frustration about the handicapped child. The stress is not the result of major

catastrophic events but rather the consequences of daily burdens related to child care and related to burden of stress for his failure.

Generally, parents of handicapped children are very keen to provide an appropriate upbringing. However, the presence of a particular child in the family gives rise to numerous additional problems. During pregnancy, mothers of the child worry about the possibility of having defective child. When the fear of deformed baby becomes a reality- a sense of guilt, feeling of rejection, helplessness, disappointment, anger, confusion may overpower the parents. It is not easy to accept the reality that their child is different, but they usually try to show acceptance without being overwhelmingly emotionally upset about it. Parental warmth is indispensable for every young child, but it assumes much greater importance for the handicapped child. (Turnbull and Turnbull, 1990).

The attitude of the members of the family towards the handicapped is a very important dimension to be considered. Acceptance of a handicapped child goes a long way towards the adjustment of his problems. A handicapped child may sense very clearly the emotion of his parents. If the parent considers the disability as calamity which has made his life good for nothing, the handicapped child would also think otherwise. If the parents make his handicap the pivot of their existence, he is liable to use it with self-centered motives to extract sympathy from others. However, if they accept his limitations in an objective manner; he is likely to think in the same manner (Sen, 1988).

The child has got to be categorically accepted positively. Some parents never allow the handicapped child to grow up, as they never let child to feel independent. Handicapped child is often poured with excess love, care, protection and security. Because, he has been considered as a failure so such child usually develops a sense of insecurity, helplessness, alienation, frustration, depression and

resentment. He must have to actualize himself to realize his potentialities. The parents need to encourage the handicapped child to attain the social acceptance and independence.

## LOCUS OF CONTROL

Locus of control refers to a person's belief about what causes the good or bad results in his life, either in general or in a specific area such as health or academics. The concept was developed by. Rotter (1954), and has since become an important aspect of personality studies. One's "locus" (Latin for "place" or "location") can either be internal (meaning the person believes that they control their life) or external (meaning they believe that their environment, some higher power, or other people control their decisions and their life).

Locus of control is defined as "a generalized expectancy for internal as opposed to external control of reinforcements". Early work on the topic of expectancies about control of reinforcement, been performed in the 1950s by James and Phares. Attempts have been made to trace the genesis of the concept of the work of Alfred Adler, but its immediate background lies in the work of Rotter and his students, one of whom studied two types of expectancy shifts.

- Typical expectancy shifts, believing that a success or failure would be followed by a similar outcome; and
- Atypical expectancy shifts, believing that a success or failure would be followed by a dissimilar outcome

Since locus of control perceptions was first given theoretical attention in early 1960s, they have regularly provided prediction of a wide variety of behavior in social settings. The evidence from voluminous empirical literature (Rotter, 1966) indicates that individuals who believe their own behaviour determine the events

they experience (internal control) show higher level of adoptive functioning than do those who believe such events occurs independently of their action (external control). Partly because these important life outcome are so felicitous and partly because locus of control constructs is embedded in social learning (Rotter, 1966). A good deal of efforts has been devoted to seeking out the social factors that influence the development of internal external perceptions.

Locus of control refers to the tendency to perceive reinforcements as emanating either from within or without. When a reinforcement is perceived by the subject as following some action of his own but not being entirely contingent upon his action, then, in our culture, it is typically perceived as the result of luck chance fate, as under the control of powerful others, or as unpredictable because of the great complexity of the forces surrounding him. When the event is interpreted in this way by an individual, we may label this as belief in external control but if the person perceives that the event is contingent upon his own behaviour or his own relatively permanent characteristic, we may term this a belief in internal control.

Some individuals develop unshakable belief that valued reinforcements occur only by chance, and that men are not the masters of their fate. In contrast others may strongly believe that a human being gets his due desserts and that he himself is responsible for his fate. The fatalists perceive no contingency between action and outcomes while those espousing internal control beliefs readily perceive such contingencies. Internals have been found to be more perceptive to and ready to learn about their surroundings. They are more inquisitive, curious, and efficient processors of information than are externals.

When a person believes that he is a responsible agent or source of his own life and fortunes, he will resist influence attempts which aim to by pass his own sense of moral justice and will only respond to those appeals that address themselves to his own beliefs and values.

The construct described as locus of control first came into prominence with the publication of monograph by Rotter (1966), Rotter presented the scale he had developed to assess the individual's generalized expectances for internal vs external control of reinforcement. This instrument was constructed with social learning theory i.e. the effect of reinforcement is not a simple stamping in process but depends upon whether or not the person perceives a causal relationship between one's own behavior and reward. Internal control refers to the perception of an event as contingent upon ones own behaviour or one's relative permanent charismatic external control. On the other hand it indicates that a positive or negative reinforcement following some action of the individual is perceived as not being entirely contingent upon result of chance fate or luck or it may be perceived as under the control of powerful others and unpredictable because of the complexity of forces surrounding the individual.

Attribution theory is concerned with how people make casual explantions, about how they answer questions beginning with why. It deals with the information they use in making casual inferences and what they do with this information to answer casual questions. The theory has developed within social psychology, primarily, as a means of dealing with questions of social perception and also self perception (Festinger,1954;Schachter,1959;Schachter and Bem,1965).

**1. Hieder's Theory of Casual Attribution** analyses how people perceive and explain the actions of others. How one person thinks and feel about other person. He states that the behavior should be attributed to personal causes (such as ability or effort) if its outcome is seen to have been intended by the actor rather than to environmental causes (such as luck or difficulty of task).

**2. Kelly's Theory of External Attribution** (1967-1973) is related to the theory of correspondent inferences. Thus, Kelley defines attribution as the process of perceiving the dispositional properties of entities in the environment.

**3. Bem's Contribution to Attribution Theory**: Bem's (1972), claim that people come to know their own attitudes, emotions, and other internal states primarily by inferring then from observation of their own overt behaviour and the context in which this behaviour occurs.

**4. Weiner's (1980, 1986)** conceptualized an attribution theory of achievement behaviour, suggesting that casual attribution to success and failure influences self esteem and future expectations in important ways. Weiner focused on structure of casual attributions. It includes internal and external causes. Abiltiy and effort are internal, whereas, task, difficulty, luck, etc are externals. He emphasized the Rotter's (1966) concept of Locus of control which is associated with self esteem related effects.

Rotter's original (1966), locus of control formulation classified generalized beliefs concerning who or what influences things along a bipolar dimension from internal to external control: "Internal control" is the term used to describe the belief that control of future outcomes resides primarily in oneself while "external control" refers to the expectancy that control is outside of oneself, either in the hands of powerful other people or due to fate or chance. Levenson (1973) offered an alternative model. Whereas Rotter's conceptualization viewed locus of control as one-dimensional (internal to external), Levenson's model asserts that there are three independent dimensions: Internality, Chance, and Powerful Others. According to Levenson's model, one can endorse each of these dimensions of locus of control independently and at the same time. For example, A person might simultaneously believe that both oneself and powerful others influence outcomes, but that chance does not.

According to Zimbardo (1985), a locus of control orientation is a belief about whether the outcomes of our actions are contingent on what we do (internal control orientation) or on events outside our personal control (external control

orientation). Thus locus of control is conceptualized as referring to a one-dimensional continuum, ranging from external to internal.

In simplistic terms, a more internal locus of control is generally seen as desirable. Having an internal locus of control can also be referred to as "self-agency" "personal control" "self-determination", etc. Research has found the following trends:

- Males tend to be more internal than females.
- As people get older they tend to become more internal.
- People higher up in organizational structures tend to be more internal.

Individuals with a high internal locus of control believe that events result primarily from their own behavior and actions. Those with a high external locus of control believe that powerful others, fate, or chance primarily determine events. Those with a high internal locus of control have better control of their behavior, , and are more likely to attempt to influence other people than those with a high external locus of control; they are more likely to assume that their efforts will be successful, and are more active in seeking information and knowledge concerning their situation.

Internals can be psychologically unhealthy and unstable. An internal orientation usually needs to be matched by competence, self-efficacy and opportunity so that the person is able to successfully experience the sense of personal control and responsibility. Overly internal people who lack competence, efficacy and opportunity can become neurotic, anxious and depressed. In other words, internals need to have a realistic sense of their circle in influence in order to experience success. Externals can lead easy-going, relaxed, happy lives.

Since its introduction, the locus of control construct has undergone considerable elaboration and several context-specific instruments have been developed. Health researchers in particular have embraced locus of control as a concept for explaining behavior.

There is some evidence to show that externality and internality influences achievement as well as self acceptance amongst the handicapped. (Kolstoe and Randall, 1968). The study brings out a greater self acceptance and less resistance and defensiveness amongst externally oriented handicapped persons. The internals probably due to an overall tendency to take responsibility for his conditions, even in situation where he is not directly responsible may not be able to face the handicap with some degree of acceptance.

Weiner's early work in the 1970s, suggested that, more-or-less orthogonal to the internality-externality dimension, we should also consider differences between those who attribute to stable causes, and those who attribute to unstable causes. This meant that attributions could be to ability (an internal stable cause) effort (an internal unstable cause), task difficult (an external stable cause) or luck (an external, unstable cause). Weiner (1972) used different terms for these four causes such as objective task characteristics in place of luck. It has also been notable how psychologists since Weiner have distinguished between stable effort and unstable effort.

Locus of control is an individual's generalized expectations concerning where control over subsequent event resides. In other words, who or what is responsible for what happens. It is analogous to, but distinct from, attributions. According to Weiner, the "attribution theory" assumes that people, try to determine why people do what they do. There is a three stage process which underlies an attribution: (i) the person must perceive or possibly observe the behavior, (ii) is to try and figure out if the behavior was intentional, and (ii) is to determine if the person was forced

to perform that behavior. The latter occur after the fact, that is, they are explanations for events that have already happened. Expectancy, which concerns in future events, is a critical aspect of locus of control. Locus of control is grounded in expectancy-value theory, which describes human behavior as determined by the perceived likelihood of an event or outcome occurring contingent upon the behavior in question, and the value placed on that event or outcome.

Abramson, Seligman and Teasdale (1978); Buchanan and Seligman (1995) introduced the term Attributional Style or Explanatory Style which goes a stage further than Weiner. Abramson, et al., (1978) believed that how people explained successes and failure in their lives related to whether they attributed these to internal or external factors, to factors that were short-term or long-term and to factors that affected all situations in their situations.

Attribution theorists have been largely speaking social psychologists concerned with the general processes characterizing how and why people in general make the attributions do, whereas locus of control theorists have been more concerned with individual differences. Significant to the history of both approaches were the contributions made by Weiner, in their 1970s. Period this time, attribution theorists and locus of control theorists had been largely concerned with divisions into external and internal locus of control of causality. Weiner added the dimension of stability-instability, and some what later, controllability indicating how a cause could be perceived as been internal to a person yet still beyond the person's control.

The attribution theory has explained the difference in highly motivated students versus low achievers. High achievers will take the risk in order to succeed on an assignment. Low achievers avoid success because they feel that their success was based upon luck and that it wouldn't happen again.

Phares et al. ((1967), observed that although some behavior of internals seemed to be disrupted by failure. Some internal professed greater willingness than external to take step to result their personality problems. This immediate maladjusted reaction of internal may turn out in long run to be a kind of facilitating anxiety that ultimately leads to greater and more successful coping efforts. Externals confront failure more often. One of the techniques is the devolution of goals that one fails to achieve the potential for such "a sour grapes, approach" which led Phares (1971). to predict that externals will manifest greater evidence of such devaluation of goal following failure in coping adjusting process.

The locus of control variables has been found to have substantial impact on the ways in which life's negative event and things are experienced. It is obvious that beliefs about ones ability to alter one's circumstances are meaningful. If one believes that the aversive circumstances in which one finds oneself are uncontrollable then one knows how long and how unpleasantness will be before one act to alleviate one's duress.

The dimension of externality and internality is an important aspect of our relations with the world and with ourselves. For the handicapped, it is a dimension of extremely great importance because attribution of responsibility of a negative event, which has affected life as a whole, will indicate the positive or negative values of different agencies to which attribution has been made. Whether the individual is going to dwell in feelings of self condemnation and guilt or in a sense of martyrdom at being brought to this situation by powerful others, depending upon his attribution process. In what manner does this affect dynamic phenomenon like adjustment is definitely needs to be studied. Due to the fact that in the handicapped individual this personality correlate may have interesting ramification, the present investigator feels that an understanding of this variable would not only throw light upon the behavior of handicapped individuals but

would help concerned people to evolve strategies and interventions that would contribute to a sense of well being, in place of guilt and anxiety.

## NEED PATTERN

Among the great mainsprings of behaviour the need to belong or affiliate with other people is one important need. It is an overpowering desire to be with mates and associates and to be accepted by them. When given due recognition in the group, one experiences the pleasant feelings, following with affectionate relationship, with other members of the group and draws strength and courage from this association, which is based on mutual assistance and cooperation and identity of values and ideals. Thus, the need for affiliation is undoubtedly a distinctive human need. Among the handicapped with their extra burden of trials and with physical pathology that makes them feel different, the possibility that such people may not easily identify with others and experience belongingness, is an area of worth investigation.

The question of 'why of man's behaviour' brings us immediately into the area of motivation. Ranging from the viscerogenic or physiological needs, passing through the domain of social needs and reaching up to the highest pinnacle of human motivation, referred to as growth or being needs, we find a variety of needs to account for the innumerable complexities of human action. Depending upon the individual's potential and experiences, a pattern of need emerges which drives him and moves him in the direction, of his goal.

The importance of the motivational pattern for the human personality can not be over emphasized for it constitutes the very matrix of the force which directs, sustains and determines behaviour. Theorists like Hull, have placed need and drives at the very base of their theoretical models. All the social learning theories, too, have the concepts of needs, drives and reinforcement as their central themes.

It is generally agreed that the complex pattern of human behaviour is the resultant of a gradual building of superstructures on the innate primary foundations. The whole canvas of experience of the handicapped, his reinforcements and constraints, his feeling of inadequacy and societal reactions to inadequacy, are distinctive and unique to him. In what manner the various strands of his experience are found to affect his patterning and organization of needs and motives, deserves to be investigated.

The major needs studied by the investigators are the need for achievement, affiliation, dominance, aggression and abasement, which play a significant role in the life of man, particularly the individual who has some disability.

***Need for achievement*** is a powerful mainspring of activity. The individual, in order to satisfy his inner urge for accomplishing something, thinks and acts in terms of attaining goals which are not within easy reach. He is not always interested in the outcome of the achievement directed activity; the sheer joy of accomplishment is in itself important. Need is an anticipation of change in affect, that is an anticipation of an increase or decrease in feeling of pleasure or pain.

The main needs are subject to change. New conditions create new needs and old ones disappear. Sometimes that satisfies and gives rise to others. Of course constantly changing needs in the life history of individual may actually not be a fundamental change at all except basic needs; other needs are constantly being acquired and changed.

In one's interpersonal relationship, one can make inferences from the activities in which they engage and condition they try to attain. The strength of the need determines how much activity the organism will show in its effort to satisfy the need.

Individual psychology and the synthesis of developmental and learning perspective concerns for the individual's thought feelings and perceptions. People with disability change their behavior for multiple reasons not simply because they obtain new understanding about themselves or because they resolve troubled feelings of being different. Attempt to broaden the level of achievement, the child's self management, self monitoring and self reinforcement is necessarily required. Setting goal for oneself is an example of behavior change strategy involving self control.

Describing the achievement, disability is a challenge because of the limitation imposed by their physical handicap. They tend to show varied emotional and behavioral problems; very markedly they vary in intelligence, achievement and life circumstances.

The guiding principle of psychoanalysis can be used in studying the level of achievement in the children with special abilities. The problem of emotional disorder among the handicapped children is viewed as a pathological imbalance in the dynamic parts of the mind which reduces the level of function and subsequently affects the level of achievement.

The psycho educational approaches have tried to interweave the educational and other developmental processes. Unconscious motivation and underlying pathology are taken into account. But there is also concern for the management of surface behavior and academic achievement with the special emphasis on the needs of the children as well as needs of the specially abled family and needs and demand of society in consonance with the capabilities of children with handicap.

The ***Humanistic Approach*** believes that specially abled children are out of touch with their own feelings and cannot find meaning and self fulfillment in the traditional schools settings. The recommended practices are to enhance children's

self direction, self evaluation and their own emotional involvement in educating and learning special skills.

It is impossible to make many valid generalizations about the academic achievement of children with physical disabilities because they vary in the nature and severity of their conditions. Due to the frequent interruptions in their schooling, due to illness and hospitalization, they fail considerably behind their age mates in academic achievement, even though they have normal intelligence and motivation. Children with mild and transitory physical problems have no academic deficiencies, others have severe difficulties. Children with obvious handicaps are frequently overlooked or denied opportunities to achieve in non-formal, less strict settings. Perusing the areas of interest of those specially abled children as far as the optional achievement is concerned, a non authoritarian, self directed self evaluative affective, open and personal are words used to coercible humanities education for disturbed and disabled children.

The proponent of ***Ecological Approach*** believes that the problem with emotionally disturbed and specially abled is of the child in interaction with the various elements of the environment i.e. family school, community and social agencies. The child is viewed as a disturber of the environment. The theorists suggest that to enhance the level of achievement of such children the entire social system has to be altered in which the child enmeshes. Then only the level of achievement can be improved.

In 1960, Hewett and others presented an approach for the children with special needs and different behavior to educate them for attainment of their goals and satisfaction. The assumption was that behavioral problems represent inappropriate learning and that the child can be helped when their observable behavior is modified. It can be accomplished by manipulating child's immediate environment. Since it is child's behavior, which is focus of concern, and behavior is assumed to

be learned, the practices are clearly specified and analyzed for their effects on the behaviour.

Achievement has probably been studied more than any other motive. It is an important force for the self reliant human being, particularly with regard to handicapped who has to prove his worth even to himself. In ***Maslow's Hierarchy of Need, Achievement*** occupies an important position taking man nearer towards the ultimate goal of self actualization. The feeling of self worth, self regard to which Roger gives so much importance are intimately related with need for achievement.

Murray (1938), defines achievement to accomplish something difficult, to master, manipulate or organize physical objects, human beings or ideas, to excel ones self, to rival and surpass others etc. It is considered by some that the achievement often called the "will power" is the dominant psychological need for recognition.

The most commonly observed achievement activity occurs within school settings. Scholastic achievement requires that a youngster persist of activities such as reading and attending to the teacher readily when his inclination might be to play, day dream, or to socialize with his friends. School like other situation, that offers the opportunities for achievement, requires a degree of self management, conscious effort, and the sacrifices of immediate pleasure for the possibility of future goal attainment (Bioler, 1961). The experiences which a handicapped child is forced to undergo in the school environment, their impact on his sense of achievement together with the impact of the handicap, make it imperative that this need should be particularly investigated.

***Need for affiliation*** is definitely a contributory factor for adjustment particularly for group life. Since the ability to form attachments is an important aspect of our sense of well being. Even more so for the handicapped the reaction of peers

determines to a great extent their evaluation of their own self and the feeling of being acceptable. This need would definitely be contributing to their normal corporate life.

In addition, friendly nurturing acts such as consoling, helping being concerned about the happiness or well being of another are regarded as evidence of affiliative feelings, provided they are not culturally prescribed by relationship between the persons (Shipley and Veroff 1952).

According to Murray (1938), need for affiliation or affiliative attitude is to form friendship and associations. To greet, to join, to live with others, to cooperate and converse sociably with others, to love and to join groups are all evidence of affiliation.

Schaster (1959), noted a common element in the autobiographical reports of religious hermits, prisoners of war and castaways are divesting dread of social isolation. Some reports describe conditions of profound disturbance; anxiety and pain are produced by isolation. The anxiety increases with time until it reaches a maximum then after a long period of isolation it decreases, and the persons become extremely apathetic, withdrawn and detached from the environment. Schaster reasoned that if isolation produces such severe attacks of anxiety, fear, and finally retreat, then the arousal of fear may lead to increased affiliation.

The experimental contribution to affectionate and affliative personality included early attachment relations, parental socialization, experiences with other children, ordinal position in the family, physical attractiveness and school success and failure. A number of unpredictable experiences like divorce, early parental death, mental illness in the family and positive and supporting relationship with relatives and others are also factors which influence affiliation. The most important characteristic of affiliative personality stem from the challenges with which the

child has to accommodate and adjust. Most children deal with three classes of external challenges: (1) unfamiliarity, especially unfamiliar people, tasks, and situations (2) request by legitimate authority or conformity to and acceptance of their standards, and (3) domination by or attack by other children. In addition, all children must learn to control two important families of emotions: anxiety, fear, and guilt, on the one hand, and on the other, anger, jealousy and resentment.

Preliminary studies with babies and young infants lead us to suppose that there may be innate temperamental differences in children in terms of their vitality and readiness for contact with the world and their acceptability to change. Some infants are enclosed within themselves, resistant to change in routine, unresponsive to people. It has however been indicated that although loneliness to some extent is an innate tendency, but it may stem from convention and from family patterns of living (Sawrey and Telfrod, 1967).

Children may become isolates for a variety of reasons. Some children deliberately withdraw from the society of others neither wanting nor seeking attention .They do so because of the fear of rejection or do not know how to mix with others. Some children who withdraw deliberately may do so because of the fear of rejection or do not know how to mix with others. They may be emotionally disturbed and need special attention or they may be merely lacking in social skills and in need of help in acquiring them and building up their self confidence.

Chronic feelings of loneliness appear to have roots in childhood and early attachment process Marshall (1989), has observed that parental behaviours which exclude secure emotional attachments that encourages emotional loneliness, lead to delinquent and aggressive behaviour in adolescents and adulthood. Lonely individuals are more likely to be high in negative affectivity, act in a socially withdrawn fashion, lack trust in self and others, feel little control over success or failure and generally be dissatisfied with their relationships.

Peplau and Perlman (1982), opined that loneliness is an affective state emanating from the individuals awareness of being apart from others and apart from familiar support systems. Non-affiliative and socially withdrawn behaviour is often associated with emotional disorders such as depression or anxiety(Khan,2006).The symptoms which a lonely person might feel are separation, isolation or alienation from others, as sense of being uninvolved or uncared for .

A set of hypothesis emphasizes direct social experiences with parents. Infant's relationship with parents creates a profile of emotional reactions towards adults or other that might last indefinitely. The association with others are developed differently in different personality profiles because they construct different conceptions about themselves and others from the same experiences. The notion that each child imposes a personal interpretation to their experience makes the concept of self critical to the child's cooperative and affiliative behavior.

Some statement of liking or the desire to be liked or accepted or forgiven reveals the nature of the relationships. The affiliation describes a positive tropism for people, rejection is a negative tropism. The aim of affiliation is the mutually enjoyed, enduring, harmoniously co-operating and reciprocating relation with another person. Since most of the things may be done in cooperation with another, almost every need may fuse with the n-affiliation to collaborate in accomplishing targets like to fight together against a common enemy.

It is reasonable to believe that self revelation leads to intimacy. As more and more information is revealed each person can piece together the logic of the other person's thought and emotions. Each comes to know the other's inner self consequently, each can be more certain of understanding the other and of being understood which will relieve emotional loneliness. The private self, revealed and accepted, no longer shiver in isolation and relieves guilt and fear.

As long as we conceal our shyness and non-affiliative feelings they will continue to crackle in the dark corridors of the mind. As pointed out earlier intimacy is important for good adjustment and as intimacy increases the prospects of adjustment increases. There is considerable body of evidence to demonstrate that highly affiliated subjects are better adjusted.

Mentally healthy individual have generally satisfying relationship with others. They do not have inner needs which make them bow to every one nor do they feel impelled to dominate others. Those who fail in the adjustment process are considered as emotionally immature and maladjusted. In short, maladjusted persons reveal themselves in the form of antisocial behavior or general inability to accept oneself or others.

The simplest definition of ***aggression*** offered by psychologists is a behavioural one that defines aggression solely in terms of behaviour. According to this definition, aggression is an action that produces harm, which can be physical like hitting someone, or psychological like verbal abuse. Thus if harm of any type occurs, the act can be called aggression.

Need for aggression or aggressive attitude is expressed in behaviours which ranges from assault or injury to an object, to murder, to belittle, harm, blame, accuse, or maliciously ridicule a person, to punish severely or behave sadistically.

Freud's early writings held that there is one basic instinct 'eros' the life instinct. During world war first Freud was both intrigued and depressed by the organized human destructions. He added the concept of 'thanatos', the death instinct. Death instinct aims to destroy life. If these destructive impulses are turned outward they would discharge themselves in the form of violence, aggression and war. And if turned inward upon person, these destructive impulses would produce self injurious action or suicide and would account for masochism (Freud, 1915).

Miller, Dollard, Doob, Mower and Sear (1939), stated that aggressive behaviour is a logical and expected consequence of frustration. Frustration is defined as any condition that blocks attainment of a desired goal and tends to be followed by aggression. Aggression is defined as behaviour whose purpose is to destroy or remove the frustrating block. Furthermore, if other conditions prohibit destruction or removal of the frustration, this instigation to aggression may be carried out on other objects (displaced aggression). Aggressive behaviour like dependency may be instrumental to the attainment of others goals or to over coming obstacles and frustrations.

Freud (1936), essentially holds that nothing can alter our basic level of aggression, since this level is fixed by human nature. Nothing can completely abolish the discharge of aggressive energies they exist and must be discharged periodically. Particular behaviour which reflects this discharge, however, can modify, instead of discharging aggressive impulses through socially unacceptable channels; they can be sublimated that is discharged in acceptable way.

The term aggression is applied to at least four types of behavior

(1) Self assertive and vigorous activities
(2) Behavior directed at gaining possession of another person
(3) Acts of hostility attack or destruction
(4) Act of controlling dominating or managing another person group or organization

Aggression is an act of hostility and attack with the conscious or intent of removing injuring or destroying the source of frustration. Behaviours that serve this function differ in many ways; some of them are highly visible, overt physical acts such as fighting or destructive attack on object or people. Other behaviors of

aggression involve the use of symbols or languages. Some responses to frustration that can be regarded as aggressive are relatively inaccessible to the outsider.

Aggressive behavior is tension reducing. Sometimes hostile behavior directed against the source of the difficulty is effective in removing the barrier.Mere expression of an emotional state reduces tension, this is the phenomena of catharsis that is by giving expression either verbally or through physical action one can reduce the tension. This could be understood by the term "Blowing up steam."

Under certain conditions the actual frustrating agent is either unavailable, such as social condition. Attack on the self the 'third object of aggression' where the person may physically attack on his own body or he may force himself to endure some unpleasant experience. This happens when the person himself puts restrain on the expression of aggression against the outside agent, he is restrained from the expression of hostility by his own control his own conscience. Such internal control is a product of previous experience with external control.

People acquire habitual tendencies of responding to the frustration. These can be categorized in terms of source of frustration that is extra punitive in which the individual aggressively attributes the frustration to external persons or things intropunitive, in which individual attributes frustration to himself. In punitive responses aggressive component is absent; there is an attempt to avoid blame of others or oneself. For successful adjustment an accurate analysis of the source of the difficulty is needed.

Lorenz (1952), contends that aggression is produced by instinctive energies, and aggressive energy builds up in an organism until it is finally discharged in aggressive behaviour. He feels aggression which usually occurs only when instinctive energies are triggered, by external cues. Aggression is not always directed toward the original frustrations. When the original target of aggression is

of high status or is powerful, aggression may be displayed on to a weaker target and may have little in common with the original frustration. Experimental findings of Dollard (1950), confirms prediction based on the drive reduction hypothesis that is subjects who were insulted by an experimenter and were given the opportunity to express their aggression in fantasy would subsequently display less hostility towards experimenter than a comparable group which is engaged in non fantasy activities.

Allen and Bender (1961), believe that aggression in its original meaning refers to the tendency to "go forward or approach". Like Lorenz, they feel that it is instinctive. Bowlby (1969), find in the frustrations of childhood major cause of adult aggressiveness.

The safest conclusion therefore to draw in this connection is that frustration may frequently, but not necessarily give rise to aggression. Miller and Dollard (1950), have in fact expressed their belief that learning may play a much greater part in the relationship. Frustration serves as instigation to an aggressive response and aggression produces the instigation to be aggressive. If the aggressive behaviour itself is prevented from occurring, there is further frustration and hence further instigation to aggression.

Hoffman, Becker and Gabriel (1950), suggest that the concept of defense mechanism can be used to explain reactions to disability. Patients may respond to their feelings of guilty despair or disgust by projecting them on the others. "Acting out" occurs when a patients converts energy from anxiety into action and engages in provocative, aggressive or rebellious behaviour.

Important need studied by the investigator is need for aggression because for handicapped this need requires special attention. Handicapped are deprived from social advantages and lack social recognition. The need for aggression is a result

of their experience of despair, anxiety and fear. Aggression is an action which produces harmful reactions. Their disability prohibits removal of the frustration; this instigation to aggression may be carried out on other object (displaced aggression). Aggressive behavior like dependency may be instrumental to the attainment of others goal or to over- come obstacles and frustration. The safest conclusion therefore is that frustration may frequently but not necessarily give rise to aggression.

Orthopaedically handicapped have more problem than the normal at many horizons of life and because of having a different and less proficient or hardy physical constitution; they face hurdles in many spheres of life.

In capabilities in obtaining their desired goal make them aware of their position, and draw backs. They do not get full advantage of life and a socially acceptable position in their respected society like others. Such things lead to frustrations, whenever they are not able to overcome frustration and anxiety, they often become aggressive. In this way they profess their failure and pessimism of their constitutional nature through aggression.

Wright (1973), described physically disabled individual's feeling through the description of how an undesirable fact may be constructively accepted into the self concept. Amongst the handicapped, suppressed aggression may be exhibited on others who are not responsible for creating frustration situation. Handicapped children, almost all of whom face at one time or the other humiliating or condescending attitudes of others, may project their aggression to their parents who are actually not responsible.

The effects of loneliness or non-affiliative behaviour were categorized in four sets of respondents. Most people equated loneliness with 'desperation' using such words as 'passive', 'helpless' 'afraid' and 'desperate' to describe their feelings.

The second group perceived withdrawn people as bored, uneasy with the desire to be elsewhere, what the researcher's called 'impatient boredom'. A third set of respondents equated loneliness with 'depression' using terms such as 'melancholy,' 'isolation, emptiness' and 'sadness' to describe their feelings. The fourth and final description of withdrawal behaviours and loneliness was 'self-depreciation,' 'characterized by feelings of unattractiveness,' 'stupid,' 'ashamed,' 'insecure' and 'down on myself'.

The compensatory mechanism could be utilized by the individual in overcoming inferiority. However, when organ inferiority takes the form of drastic deficit which may interfere with normal mobility as is the case with orthopedics handicap, other reactions may also occur and these reactions become more marked if people surrounding the individual react in immature and negative manner.

A very powerful need to understand adjustment of handicapped children is the ***need for dominance***. Dominance represents manipulative power over other people and is frequently regarded as a learned sociogenic motive. Dominative attitude means to control others to persuade, to dictate, to restrain and to organize the behavior of a group.

Murray (1938), defines 'dominance' as to control one's human environment to influence or direct the behavior of others by suggestions, reductions, persuasion or command. Dominance means to dissuade, restrain or prohibit. Where we view the handicapped in the frame work the need for dominance acquire great importance. Due to disability it is difficult for them to achieve position and power control and command over others. Their pathological situation is likely to make them suffer or feel that they are being continuously dominated by others. On the other hand, distress due to disability leads to a certain sort of dominance reaction often visible in the behavior of handicapped. It is a compensatory reaction to overcome the feeling of inferiority.

The need for dominance has to do with human power exerted, resisted or yielded to. It is a question of whether an individual, to a relatively large extent, initiates independently his own behaviour and avoids influences, whether he copies or obeys or whether he commands, leads and acts as an example for others (Murray, 1938). We all know that people have the desire for 'dominance' over others that they can influence or direct the lives of others as well as themselves. Some individuals, on the other hand, are relatively "powerless' exerting little control over the course of events. So dominance can be defined as the ability or capacity of one person to produce some intended effect on the behavior or emotion of others.

Social dominance represents manipulative power over other people, and as such it is frequently regarded as a learned sociogenic motive. The dominance of adults over children is condemned in our society and to a limited extent dominance of male over female is the social conventional pattern in marital relationship. Horney (1939), suggests status implies social power and the ability to dominate and control other. Dominance or prestige is directly dependent upon gaining the acceptance and approval of one's peer. Thus, it is difficult to isolate dominance from other sociogenic motive such as achievement, affiliation and power.

Winter (1973), proposes certain dimensions by which we can bring order into the numerous dominance concepts in literature. One is the dimensions of 'legitimate' or 'morality' which is an evaluation notion. Domination through force or conquering, exploitation etc. is immoral, whereas power or domination gained through maneuvering inspiration, leadership or helping is moral. Then there is a kind of "tyranny of the weak", by which individuals gain power over other individuals. Relatively weak individuals may gain strong influences through moral persuasion.

A handicapped individual is different in the pathological sense from the normal. The feeling that he is less capable, less strong perhaps less appealing physically and different from his normal peers give rise to a sense of condemnation, frustration and inferiority. Such things produce an inordinate amount of conflict and anxiety and finally may strengthen a reaction which may be called domination, which is supposed to be obvious and attempt to over come all these feeling of inferiority. It is assumed that certain disabilities are so distressing that anyone who has must be psychological disturbed. Someone who is blind is expected either to live in a perpetual depression or to possess supernormal adaptation power that make acceptance of the condition possible. Such distresses due to disabilities lead to certain sort of dominance reaction often visible in their activities. The dominance may have come as a compensatory reaction.

The ***need for abasement*** refers to an abasive attitude which means to surrender, to apologize, to confess. It has connotations of self-depreciation, even masochism.

Abasement should be considered as a drive in its own right. Abasement seems to be an attitude serving, the avoidance of further pain or anticipated punishment or the desire for passivity or desire to show extreme defiance.

The physically disabled children who were target of disability since their childhood (whether it is born or acquired later in their early childhood), their whole behavior is influenced by the basic personality characteristics. Their patterns are laid down according to their body structure. Their success or failure; their dominance and aggression, all come as compensatory reaction to their organ inferiority. Such inferiority which is developed within them may be due to their body image as well as reaction of others. Therefore, the need for abasement is a basic concept supposedly presents more amongst physically handicapped, specially among children.

The handicapped permeate into all situations and sphere and influence the development of their personality. Therefore, there needs are laid down according to their body structure, severity of problems and others views towards them and their disability. Inferiority may develop within themselves due to their bodily image as well as reaction of others and circumstances so need for abasement is present more among handicapped, specially children where being different haunts the whole personality.

These natural and social elements jointly give rise to high anxiety and results in feeling of abasement. The unnecessary apprehension of self devaluation of the individual leads to adverse impact on individual's adjustment.

Various researchers have been done to study the abasement of the individuals specifically differently abled as a function of their adjustment,

Chauhan, Tiwari and Upadhaya (1985), found a negative relation between abasement and adjustment in both normal and handicapped subjects.

Alam and Srivastava (1983), found that poor adjustment and high anxiety is due to feeling of abasement.

Handicapped are very sensitive about their positive or negative body image. So they are more sensitive regarding their deformities and disabilities. They touch, explore and feel their body and behave accordingly. It they are not satisfied with their body, they develop organ inferiority. Thus, they start exhibiting greater need for abasement.

Abasement should also be considered as a drive for an attitude serving the avoidance of further pain or anticipated punishment or the desire for passivity or desire to show extreme defiance's. Crippled had very checkered and unfortunate careers since their handicapped was obvious they were subjected to more

contempt and humiliation. The comparisons are made with their normal peers and they face and feel inferior more and more due to their disability and handicapping condition. Their personal aspirations were associated with parents, teachers and other associates. But they depicted feeling of abasement through their thoughts and actions.

According to Toch (1964), the most extreme form of abasement is that in which hope of ever being able to be liked by others is abandoned. It is at this stage, as Fromm and Reichmann (1959) points out that loneliness can turn into psychosis and can reach the level of intolerability where it can no longer be faced.

The more severe developments of abasement appear in the unconstructive desolate phases of isolation and real loneliness where there is a state of feeling sorry for oneself .The state of mind in which the fact that there were people in one's past life is more or less forgotten and the possibility that there may be interpersonal relationships in one's future life is out of the realm of expectation or imagination.

Physically disabled children are the focus of our present study. Such children who are suffering from disability since their childhood (whether it is congenital, inborn or acquired later in their early childhood) will have to bear extra burden. They may be troubled by the feelings of inferiority (Adler, concept of organ inferiority).Such maladjusted person are either guilt ridden, low in mood or anxious and tensed. In order to reduce their tension they often surrender abasing themselves to win approval and be accepted to some degree by others. Sometimes they become aggressive; both sides of the spectrum have been evident in the behavioural pattern of the handicapped individuals. Disabled have particular areas in which they feel incompetent at the positive attitude of the social surrounding. It seems reasonably important that feeling of inferiority are not mere characteristic of people with disabilities than of their able bodied counterparts. Many persons

have such feelings and probably all have at some times during the course of their adjustment.

The situation of being handicapped permeates into all situations and sphere and influence the development of their personality. Therefore their perceived need and motivations follow patterns laid down in accordance with their circumstances. Inferiority may be developed within themselves due to their bodily image as well as reaction of others and circumstances. So need for abasement may be present more among handicapped, especially among handicapped children.

## OBJECTIVES

The variables selected by the investigator encompass areas that touch upon extremely in depth aspects of the personality, namely parental attitude, locus of control and needs of the orthopaedically handicapped children. Social learning theories have placed motivational factors, external or internal orientation and parental attitude at the central point in the process of adjustment. Shaffer and Emerson (1964), Murray (1938) and Thomas (1955), explained human behaviour in terms of motivational needs. They agree on the existence of certain tensions that have their origin in physiological characteristics and also emphasized on acquired and learned motives and found both as determinants of human behaviour. Such as Murray described human behaviour in terms of 'wish for response'; Thomas evaluates as 'wish for security' and Adler mention it as 'need for power'. All are at a point combinedly influence adjustment of the individual.

External and internal orientation is vividly described in the construct of locus of control which first came into prominence with the work of Rottter (1966). He presented a scale to assess the individual's general expectancies for internal versus external control of reinforcement which is inconsonance with the social learning theories of positive and negative reinforcement following some action.

Parenting as perception of parent's own attitude towards the child has received great attention in social sciences. Attempts have been made to relate specific parental attitude and personality development of the child. Symonds (1939) and Orlansky (1949), opined that the most extensive and intensive social interaction of the child during crucial development stage occur within the family.

Thus, the view point of Shaffer, Murray and Thomas regarding the motivational aspect of an individual and Rotter's view on external and internal orientation; as well as Symonds's et.al view on parental attitude of the children's development and adjustment, all elucidate the points explained earlier ,clearly.

The aspect of needs tells us about the inner world of the handicapped children whereas locus of control provides us the parameter for understanding his relation with the world around him. Parental attitudes are indicators of the experiences which the child has and the environment, conducive or non-conducive to which he has been exposed. The born(congenital) and acquired status and gender differences are also taken for study because these two variables are important for getting a complete knowledge of handicapped children in such special circumstances to achieve the goal of adjustment. The major objectives of the study are presented in the form of research questions and research hypothesis after literature review has been made. It is important for the researcher to have an idea of the status of information revealed by other researches before formulating hypothesis.

# Chapter-II

# REVIEW OF LITERATURE

Knowledge in a particular area is the product of researches and observations carried out at various times by various individuals. In this way issues and problems relating to the phenomenon being studied are gradually brought to light and incorporated in the larger body of knowledge. Here, an attempt has been made to present cogently and comprehensively. Some of the major researches carried out in the area of handicapped, with particular references to the dimensions are being investigated. The study of exceptional children is the study of differences; it is also the study of similarities. The exceptional children are in some way different from the average, also not different not different from average in every way. Disabled child has a combination of special abilities or disabilities.

Various researchers have been conducting studies on specially challenged people since a long time. Such researches provide an in-depth understanding of their lives, their complexities, their psychological perspectives and provide avenues for betterment in future.

## HANDICAP

Richardson and colleagues (1961), in a series of studies, have attempted to delineate nondisabled children's attitude towards their disabled peers. In response to the question, "whom do you like best?" children were asked to rank in order of preference drawing of children with various disabilities. Performance on this picture-ranking task was a mean of assessing children's attitude towards the disabled as well as attitude towards various types of disabilities.

Consistent findings across age shows that non-disabled children prefer nondisabled peers and there is considerable agreement among children as to their

preference for particular types of disabilities over others, as different disabilities connote different degrees of stigma.

Studies indicate that most people tend to view a labeled person differently from a non-labeled one (Foster, Yesseldyke and Reese. 1975). On the one hand, labels may also make non-disabled people more tolerant of those with disabilities. Labelling as 'disable' provide explanation for differences in appearance or behavior for which the disabled person otherwise might be stigmatized even more (Gottlieb and Leyser, 1981; Fiedler and Simpson, 1987).

Ziter and Allsop (1976), found that the problems associated with muscular dystrophy are impairment of physical mobility and the prospect of early total disability. One of the primary consideration is maintaining a normal pattern of activity as possible so that deterioration of muscle tissues are minimized. Research indicates that children of dystrophy tend to have lower IQ's than verbal IQ's.

Kinnealey and Morse (1979), discussed the therapeutic and educational needs of 31 children who after attending a private pre-school for the physically handicapped, were mainstreamed in public schools. Their adjustment was followed for one to three years. Information was gathered through questionnaires interviews with parents, children, and classroom teachers on how and to what extent the children had been mainstreamed, as well as what physical, academic, and social problems were encountered. They found that successful mainstreaming depends on cooperative work and mutual advocacy among health professionals, parents and educational personnel.

Research does not support the notion that there is a personality type associated with any physical disability(Lewandowske and Cruickshank 1979).

Deloach and Greer, (1981 )found that physically disabled children are as varied in their psychological characteristics as non disabled children and they are apparently

responsive to the same factor that influences the psychological development of the average child. How they adapt to their physical limitations and how they respond to social interpersonal situations greatly depends on how parents, siblings, peers, and public react to them.

Children's reactions to their own physical disabilities are largely a reflection of the way they have been treated by others. Shame and guilt are learned responses. Children will have negative feeling only if other responds to them by sharing and blaming for their physical differences. Children will be independent and self sufficient (within the limits of their disability) only to the extent that they learn how to take care of their own needs and they will have realistic self perception and set realistic goals for themselves only to the extent others are honest and clear in their appraisal of their condition (Deloach and Greer 1981).

The effect of label seems to depend on the other information that is available about the labeled and may also make non- disabled people more tolerant of those with disabilities. Labelling as 'disabled' provide explanations for differences in appearance or behaviour for which the disabled person otherwise might be blamed or stigmatized even more (Gottlieb and Leyser, 1981 and Fiedler and Simpson, 1987).

One of the most prominent themes in the literature is that there is great variability in the way in which individuals react and adjust to living with physical deformity (Anderson, 1982; Kent, 2000; Sarionski et.al, 2001 and Thompson et.al, 2001). Research indicates that the variation in response is the result of a number of interacting factors, some playing more important roles than others (Anderson, 1982). These variables include the severity of the deformity, demographic factors such as age, personal qualities such as values, anxiety level, social, skills, and finally the amount and quality of social support that access to.

Studies have also shown that age can play a role in determining the degree of effect that a physical deformity can have on an individual. Adolescence has been identified as the most difficult period for individual living with deformity (Anderson, 1982), particularly because at that age they place "more importance on appearance than any other age group."

Children acquired disabilities through falling, burning and mishaps involving bicycle and automobiles, neurological impairments as well as disfigurement or amputation may result from such accidents. The physical, psychological and educational problems range from insignificant to profound. The problem of childhood accident can hardly be overrated (Rutledge and Dick, 1983). Children are susceptible to many more disorders and diseases. The important thing is that these conditions affect normal bodily functions which are adversely affected, the child may lack vitality; require special attention from family and other important persons.

Upadhayay and Tiwari (1985), suggested that frustration was negatively related to social recognition, housing, education and recreational facilities and home environment. The children in the institution are living in a segregated world. Their interaction is limited to their peer group to the staff and visitors they strive to adjust once they move into a normal group.

Janicelight, Collier and Parnes (1985), analyzed the communicative interaction patterns of the eight congenitally non speaking physically disabled children (ages between 4 to 6 years) to determine the range of frequency patterns of their communicative functions. In a 20 free play situation with their primary care givers and with a trained clinician (in augmentative communication), the children produced a limited range of communicative functions in the free play interaction with their care givers. The children seldom requested clarification or produced

social conventions (e.g. greetings and closing). They produced wider range of communicative functions in the eliciting contexts with the clinician.

Satz (1986), discussed that to protect every child's right, it is essential for the individuals to be in contact with severely and profoundly handicapped children. This change will make the non handicapped more sensitive to the needs of disabled persons. All these law and attitudinal change will encourage more positive attitude towards handicapped children. But no doubt many such children are still rejected, feared, pitied or discriminated.

Edgar (1987),suggested that many drop out who are physically disabled experience great difficulty in finding and holding a job. They either do not find work suited to their capabilities, or become dependent on their families or public assistance.

With the time, deinstitutionalization has been one of the hallmarks of the normalization movement. It has the potential to improve the quality of life for most people who in previous generations would have been life long residents of institution. Turning disabled people out of institution, on to the streets put them in even greater jeopardy. Landesman and Butterfield (1987,) noted that as a goal normalization and deinstitutionalization are not controversial as a mean to achieve goal.

Depression is widespread and serious problem associated with the physical disability. Due to limitations imposed by the disabilities, disabled develop serious psychological problems such as low self esteem, pessimism ,withdrawal and many more physical complaints (Forness, 1988).

For socialization and better environment in education, the step of mainstreaming have been taken which subsequently somehow show good results especially in the social aspects. (Hallahan, Keller, Loyd and Bryan, 1988).

Adolescents with disabilities who have received special education during school years find themselves suddenly without help in coping with societal expectations. Resultantly, they face serious difficulties in adjusting to the expectation of society. (Zetlin and Hossein, 1989).

Physically disabled exhibits immature behavior and act withdrawn and reluctant to react with peers. They are social isolates, seldom play with other children of their own age group and lack social skills. Some retreat into fantasy while some develop fear.

Some regress to earlier stages of development and demand constant help and some become depressed without apparent reason (Klein and Kovacs, 1989).

It is changing processes that how disabled people themselves participate in various aspect of society. Brody (1989), throughout his work focused on "How the lives of disabled could be bettered by allowing for greater acceptance and independence."

Vergason and Anderegg (1989), returned to special class for exceptional children with effectively mainstreaming them into general surroundings because segregation is unethical unless its benefits are clearly demonstrative.

Greenspoon and Cerroto (1989), suggested that deinstitutionalization for the shape of normalization is highly desirable policy to implement it successfully instead of trying to demonstrate that it may not work.

Differences in self-descriptions between children with and without handicaps reflected the functional restriction on physical activity, deprivation of social experience and the psychological impact of the handicap.

Dyson (1989), compared 55 older siblings (ages 7 to 15 years) of young handicapped children (ages 1—7years) with 55 matched siblings of non

handicapped children. Results of standardized children's assessment scales show that siblings of handicapped children are comparable to siblings of non handicapped children in self-concept, behavior problems, and social competence. Differences, however, appear along certain psychological dimensions and great variations exist within each group of siblings. Further, demographic and personal attributes are differentially related to measures of adjustment in different groups of siblings.

Hussain, Shamshad and Kumar (1991), investigated the creative potentials of normal physically handicapped and problem children and examined whether normal physically handicapped and problem children (aged 12-14) years) differ in terms of creative potentials. 75 normal, 75 physically handicapped and 75 delinquent subjects compared at divergent thinking and socioeconomic status (SES) scale results show no correlation between SES and creativity handicapped subjects were more creative than normal and problem SS in terms of elaboration and originality.

The adjustment of children with special needs is at loss because besides the society, their own physiology is the blocking factor. Leticia,Robert, et.al (1992), analyzed empirical data obtained from the charts of 8 clients with physical handicaps. The charts revealed the following salient issues in therapy: anger, dependence vs independence, anxiety, sexual needs, body- image, self deprecation and difficulties in interpersonal relationships. The therapeutic interventions found to be beneficial including cognitive therapies with an assertiveness component, interpersonal skill training and growth promoting therapies therapy focused on ego strengthening and utilization of competencies, boundary issues interpersonal patterns, anger and anxiety.

Agnes (1993), illustrates the use of school based consultation as a method of delivering educational psychology services through collaborative problem solving. The information gathered during the consultation process showed that physically handicapped children's visible impairment are perceived by the staff to be embedded in context. The consultation process enabled the staff to effect on their attitudes and current practices leading to positive changes in the subject's behavioral pattern.

Rozenweig (1994), says when an individual faces a frustrating situation, his reaction may be favorable or unfavorable and unacceptable. Rozenweig defined the reactions to frustration in terms of three directions: intrapunitive, inpunitive and extrapunitive and the type of reactions as abstracter of dominance, ego defensiveness and need persistence.

Mostly the physically disabled children are blocked by the frustration and due to the frustration these children attack on others or him or her. Sood (1994), conducted a study which was designed to examine the relationship between certain personality factors like self concept, social maturity, reasoning ability, general anxiety and learning disabilities. The result revealed that children with learning disabilities (LD) exhibited significantly more anxiety, had a lower self-concept and low (below average) reasoning ability. There was no significant difference between LD and special maturity. Sex was found to be significantly related to LD. LD were more among boys than among girls. Age was not related to LD.

Morgan, Wishely and Dale (1996), assessed stereotypic attitudes and behavioral intention to elementary school children towards peers of physical disability (in a wheel chair) or non handicapped (in a regular chair) on two measures of behavioral intentions. The children consistently rated the child in the wheel chair significantly more positively than they rated the same child in a regular chair. However, highly significant negative correlations were found for handicap

condition not for non handicap condition and no gender differences were obtained. The findings indicate that these children showed a high degree of acceptance of peer presented with handicap.

A more visible physical deformity will result an increased incident of social stigma. However, this daily confrontation will also force the individual to adapt to their differences and develop responses to social reactions (Einsiedel and Clausner, 1999; Thompson and Kent, 2001). Individuals with less visible deformities will face less social stigma and will likely resort to camouflage methods of coping.

Research focused on the thoughts, perceptions and feelings of individuals with physical deformity has yielded several consisted results (Thompson and Kent, 2001). As a result of their physical deformity individuals experience heightened social mocking, embarrassment, feeling of stigmatization, social withdraw, depression and low self esteem (Einsiedel and Clausner, 1999; Kent, 2000; Sarionski, 2001, Thompson and Kent, 2001). Research has yielded mixed results on the role of the severity and visibility of physical deformity in shaping the individuals response to their physical difference. It is generally agreed upon that severity is far less relevant to overall coping and adjustment than visibility (Kent and Keohane, 2001).

In order to ascertain the impact of disability on the development of self concept, the study was designed to compare the level of self concept among the physically challenged adolescents with the normally developed peers. The finding of the study suggests that the level of self concept among the physically challenged adolescents was found significantly lower than their normal counterparts. Similarly, the level of self concept among the girls was also found significantly lower than the boys in general. (Hussain, 2006)

# ADJUSTMENT

To study the handicapped individual the first dimension of primary importance, which gives rise to problems and issues of psychological relevance, is the adjustment which has been picked up for research..

When we study outstanding psychologists, we find their roots extended deep into the history of psychological, adjustment philosophy of adjustment and sociological understanding of adjustive demands. Their view are also emphasizing on uniqueness of each and every individual.

The adjustment problem of disabled and non disabled are different in kinds and process. Broide, Izard and Cruickshank (1952), found reported differences to support the hypothesis that a desire and fear of social participation constitute a source of anxiety and a fear in crippled children. This is a characteristic difference between adjustment of normal and crippled children. It is because of parental and home attitudes of children are different for both. Such speculations are reasonable since the handicapped is likely to spend more time and are more dependent on family for social contacts.

A number of investigators have indicated significant difference in the psychological adjustment of crippled and normal children. While others have reported that the adjustment of the two groups can be favorably compared (Cruickshank, 1972). There is linear correlation between the handicapped children's adjustment and their fear of rejection, anxiety, feeling of guilt and dissatisfaction from different aspects of life. The quality of relationship studied by Cruickshank (1972), revealed negative feeling expressed by their non disabled peers and resultantly the maladaptive behaviour of disabled was found.

The problems of formulating an adequate self concept are overly for the physically handicapped and the self concept has been considered to be intimately related to adjustment (Telford 1975). The orthopaedically handicapped child is different by reason of his disability and may feel inferior and inadequate. The resulting behavior may be maladaptive.

Cox and his colleagues (1978), found that over use of stress produce an affect on maladaptive functioning which is conceptualized as a precursor to disorder. They also emphasized on coping strategies of physical disabled individuals which depends upon individual differences.

Kinnealey and Morse. (1979), studied the therapeutic and educational needs of 31 children after attending a private pre-school for the physically handicapped. Information was gathered through questionnaires and interview with parents, teachers and children on how successful and to what extent that children had been mainstreamed , as well as what physical, academic and social problems were encountered. It was observed that successful mainstreaming depends on cooperative work and mutual advocacy among health professionals, parents and educational personnel. The mainstreaming leads towards the effective adjustment of the physically disabled.

Sinha (1982), attempted to examine personality adjustment of sensory handicapped and the extent of which they have been able to adjust themselves on emotional, social and educational level. This study positively indicated that sensory impaired children are

Shindi (1983), examined forty children aged between eleven and sixteen years participated in the investigation. They were divided into congenital and acquired groups according to the development of the handicap. The results revealed that cases of acquired group had lower self-esteem, felt less happy, less autonomous,

more anxious and more hypochondriac when compared with cases of the congenital group. The findings of marked differences in adjustment among congenital and acquired defect groups give no support to the hypothesis. It is found that the congenital group experiences fewer adjustment problems than the comparison group with acquired defects. The impact of a physically handicapped child on a family may be damaging and may sometimes be catastrophic. A few families may be bound more firmly together by the experience, but in several, the stress imposed far outweighs the benefits. The demand that physically handicapped children make on society is also very substantial. Despite the apparent changes in the public's attitudes toward the handicapped, services available are still far short of the ideal.

Lazarus (1984), clearly deems coping as a process oriented phenomena and makes it clear that such effort is different from automatic adaptive behavior that has been learned. Coping involves managing the stressful condition, efforts to minimize, avoid, tolerate change or accept a complicated and demanding situation.

Wallander, Varni, Babani,Wilcox, et.al (1988), investigated on the mothers of 270 chronically ill and handicapped children who were administered the *Child Behavior Checklist* in an attempt to identify patterns of behavioral functioning across six pediatric chronic disorders: juvenile diabetes, spina bifida, hemophilia, chronic obesity, juvenile rheumatoid arthritis, and cerebral palsy. In general, it was found that these children were perceived by their mothers as evidencing on the average behavioural and social competence problems than expected based on norms for children in general. However, their behavioral and social adjustment was reported as better than that of a normative sample of children referred to mental health clinics. The results were taken to support the view that these children were at risk for adjustment problems.

Lavigne and Rutman (1992), reviewed 87 studies of children's adjustment to physical disorders in a met- analysis. Results indicate (a) children with such disorders show increased risk for overall adjustment problems, internalizing and externalizing symptoms; (b) risk was greatest in studies making comparisons to norms rather than to study controls; (c) risk varied by informant (teacher, mental health professional, parent), and by degree of matching with controls; (d) the self-concept of children with physical disorders across all studies appears significantly lower than that of healthy children, but the differences are not significant for studies with careful matching or comparisons with norms; (e) there are interdisease differences, but the number of studies within individual disorders, with a few exceptions, are quite small.

Research done by Kate, Yosho, Kanata and Funisato (1993), regarding the effectiveness of special schooling and modernized training programmes for guiding in the line of individuals psychological understanding through parents pears and other influential people of adjustment, found a great help in understanding the view and problem of children as well as of parents peers and other important social group. If a positive, conclusive environmental is provided to the child then chances of better adjustment and normalization raises its level dramatically.

The stress regarding the adjustment encompasses a set of cognitive affective and coping behavioral variables Basowitz, Persky, Korchin and Grinker (1995) shared view in connection of stress and adjustment. Stress occurs when adjustive processes are threatening because of influence of a particular situation which is discomforting.

Cohen and colleagues (1955), discussed three perspective reasonably importunate to be discussed such as environmental biological and psychological determinants

of adjusting process. The environment perspective emphasizes stressful events for people with special abilities.

Kazak and Drotar (1997), reviewed the research concerning the relationship of parent and family functioning to the psychological adjustment of children with chronic health conditions. More adaptive family relationships and parental psychological adjustment were associated with positive psychological adjustment while less adaptive family relationships (e.g., greater conflict and maternal psychological distress) consistently predicted problematic adjustment.

Ammerman, Hasselt and Harsen (2002), suggested that visually handicapped children and adolescents experience difficulties in psychological functioning. The review examines the psychological, psychiatric, and vision literatures in four areas of adjustment in this population: intellectual functioning, personality characteristics, social development, and psychopathology. The preliminary formulations suggest that although visual impairment places children and adolescents at high risk of psychological dysfunction, it does not by itself necessarily cause maladjustment.

Rubenfeld, Rappaport and Talbo, (2004), emphasized on the negative impact on psychological adjustment from the chronic strain of living with limb deficiencies appears to be mediated by perceived social support. A empirically psychological adjustment correlates of perceived social support in 49 children of adjustment factors (depression, trait anxiety, self-esteem) was variously related to perceived parent, teacher, classmate, and friend and social support.

Vermaes, Janssens, Bosmanm, and Gerris (2005), found the impact of Spina Bifida which is the second most common birth on family adjustment. SB has a negative medium- large effect on parent's psychological adjustment. The effect was more heterogeneous for mother than for fathers. In the reviewed studied child

factors (age, conduct problems, emotional problems and mental retardation), parent factors (SES, hope appraised stress, coping, and parenting competence), family factors (Family income partner relationship and family climate) and environmental factors social support) were found to be associated with variations in parents psychological adjustment.

Husain (2006), in order to ascertain the impact of designed to compare the level of self concept among the physically challenged adolescents with the normal developed peers. Altogether 90 school going adolescents of grade IX and X aged 11-16 (30 in each category-15 males and 15 females, namely normal blind and orthopedically handicapped) were purposively from three different schools. In the whole the level of self concept among the physically challenges adolescents was found significantly lower than their normal counterparts. Similarly the level of self concept among the girls was also found significantly lower than the boys in general whereas category wise significant difference was found only in case of blind subject.

Wallander and Varni (2010), studied chronically ill handicapped children and found a relationship between social support and adjustment of juvenile diabetes, juvenile rheumatoid arthritis, spina bifida, cerebral palsy externalizing behaviour problems, and inter problems. Children reported high social support. Peers showed a better adjustment than social support from only one of the sources. Chronically handicapped children without high support reported to have significantly more behavior problems. Both family and peer support contributed negatively to the variance in externalizing behavior problems, when support did so for internalizing behavior problems. There were no interaction between type of support and either sex or age in predicting adjustment.

# PARENTAL ATTITUDE

Parental attitude refers to the reaction expressed by parents. It encompasses in its scope the parental mode of conduct together with the emotional climate resulting from the parental attitude. It is one of the most pertinent forces which help us to determine the individual fears concerns and expectancies. Dimensions like parental attitude reflect important implications for the child's personality developers and adjustment.

Researchers and clinicians have suggested that parents go through a series of stages after learning they have a disabled child, includes shock and distribution, denial and sadness, anxiety and fear and finally adaptation. (Drotar,D, Baskiewicz, et.al (1975).

Parents of disabled children frequently wrestle the feeling that they are someway responsible for their child's condition. The prevalence of such guilt is probably due to the fact that primary cause of disability is unknown. Such uncertainty creates speculation by the parents that they are to blame mothers who are particularly more vulnerable (Featherstone, 1980). Parents can also feel vulnerable to criticism from others about how they deal with their child's problems. Soon sense of inadequacy sharpens, mothers fasten on some aspect of her own behavior and blames the tragedy on that.

Shindi (1983), discussed the impact of physically handicapped child on a family may be demanding and may sometimes be catastrophic. Few families may be found more firmly together by the experience but in several, the stress imposes far out weighs the benefits. The demand that physically handicapped children make on society is also very substantial.

All the research on parental reactions to disabled children has focus on mother less emphasis has been given to fathers' reaction of non-disabled children. The father of disabled children play more peripheral parental role than do fathers of non disabled children. The father's part in influencing the development of his disable child is more indirect than direct, (Kazak and Marvin, 1984; Bristol and Gallagher, 1986). The father can affect how the mother will interact with the child his attitudes towards her and the family. His support or lack of it can have a significant effect on family harmony. Kazak and Marvin (1984), states that largely woman are expected to engage in caretaking than men.

Brook, Gunn, and Lewis (1984), stated that disabled infants are relatively unresponsive to stimulation from their parents making difficult to carry on interaction. With an understanding of parent child reciprocal interaction we are more likely to sympathies with a metaphor of frustration and fathers anger in attempt to deal with his behavior disordered young child.

The mother infant relationship rapidly becomes distinctive (Hinde,1988). Parents and children developmental expectation of how each will act on the relation ship based on the accumulation of past experience. This familiarity allows the members to make appropriate cognitive and behavioral adjustment.

Ccshetti and Schneider (1988), noted that specific disability influence the development of the early social and emotional interaction between parents and children that leads towards the establishment of parent child relationship which are most likely to be evident when there is concurrent psychosocial adversity.

Disabled children look upon their parents as the source of all his satisfaction and as the person who are to supply all his basic needs. At the same time the child may look upon the parent as the source of his handicap. Some times which causes hate

and sometimes they relatively perceives the parents as the source of the solution of his disability. (Sen, 1988).

Klein and Last(1989), has written eloquently about the importance of understanding the illness experience, there is now considerable literature indicating that the effect of psychiatric disorder are experienced within the individual's social work and of family friends .

Stoneman, Broody, Davis and Crapps (1989), report non-disabled girls who are older than their siblings are likely to have negative attitudes when they reach at adolescence because they often shoulder child care responsibilities and also need time for themselves.

Many parents of disabled children do not have major psychological problem. The type of problem could be developed is a mild depression (Carr, 1988; Singer and Irvin 1989).

The language development has its beginning in the curliest mother child interaction; concern for the child's ability to communicate can not be separated from concern of development in other physical areas. (Ensher, 1989).

Wallander,Varni,Babani,Heather,Wilcox,et.al(1988),investigated the contribution of disability parameter and chronic disability related strain to the adaptation of 50 congenitally physically handicapped 6-11 yrs old children and their mothers. Multiple dimensions of adaptation, disability status and chronic disability related strain were assessed with a variety of procedure. The mothers reported their children and themselves to display significantly worse adaptation than expected for a general sample. The adaptation of these children and their mothers, however, was not significantly related to the children's disability status. An exception was that the children's social functioning could be significantly explained by both of these factors. Further, they stated that mothers of congenitally physically

handicapped children's mental and social functioning were explained by features of the social environment. Consistently strong contributions were made by psychosocial families' resources in all adaptation domains.

Denys (1989), describes an intervention for preschool children suffering physical handicaps, which involves attendance at a day hospital on alternate days. This allows patents to avoid separation from their parents. An advantage of this arrangement is to prevent marginalization of children at an early age. Allowing them to meet the competition and challenges of an almost normal preschool education some parents of handicapped children have complained about reduction in school work whereas kindergarten activities were hardly compulsory nor do they require identical participation from all children. Parents' attitude towards extra participation found to be lesser.

Varni, , Setoguchi and Yoshio (1990), studied the effect of parental adjustment on the adaptation of children with congenital or acquired limb deficiencies, maternal and paternal depression anxiety and marital discord were investigated as predictor of depression anxiety and self esteem in 54 children (aged 8-13 years) with congenital or acquired limb deficiencies. Measures of parental depression family support perceived social support were administered. High paternal depression predicted higher child depression higher anxiety and lower a self esteem. Higher marital discord predicted higher child depression and anxiety and lower self esteem. Maternal depression and anxiety did not predict child psychological adaptation. Family support had a positive effect on child adjustment. Physical handicaps are unable to show and keep casual normal relationship in their future life, this label them as maladjusted.

Turnbull and Turnbull, (1990), approached to the conclusion that we should not think of parents as marching through stages in lockstep way. It would be counter productive to think that mother is in anxiety and she needed to be encouraged to

wipe out anxiety through the anger stages so she can finally adapt. Many parents report that they do not engage in denial rather parents of disabled children go from physician to physician for favourable diagnosis

Cox and Karina (1992), notes that the systematic studies of attachment assessed with a standardized procedure for congenitally physically disabled children do not point firmly to higher rates of insecure mother child attachment. Studies of early social interaction before the developmental stage when attachment relationships are tough to emerge have suggested difference that could be expected to affect the attachment relationship. However major changes in the affective quality of parent child relationships are documented later in infancy.

Hannelore (1992), suggested that with the birth of a handicapped child or the later diagnosis of a developmental disorder or handicapped many parents start a painful itinerary, characterized by helplessness and fear for the future, which are seldom reported to medical and educational specialist. A program of special education guidance at a school for the physically handicapped offers via individual psychological understanding and communication to the mothers of these children with special need in order to address all these concerns in dialogues. A positive effect on the children's educational behaviour was observed.

Armstrong, Robber, Rosenbaum and Susanne (1992), compared 60 visibly disabled children in grade 3-6 who were integrated into regular classes, randomly selected same gender classmates children completed the Perceived Competence Scale and a Classroom Sociometric Scale. Parents and teachers rated each child's social function. Disabled subject rated themselves lower on physical competence but not on social or cognitive competence. However disabled subjects have fewer friends and scored lower on classroom sociometric measures than did their able bodied classmates. There was no difference between disabled and control group subjects when social function was assessed by parents. Teacher's perception and

self perception of social function were most strongly associated with the perception of parents.

Slopper, Patricia Turner and Stephen (1993), investigated perceived helpfulness and need for help in sample of families of young children, aged 6-13 years with severe physical disability. Many families were in contact with different services and overall frequency of contact was high and there was considerable unmet need. Families with the highest levels of unmet need were likely to have experienced high level of strain form life events and to have children with physical disabilities. Fathers in most families were unemployed and mothers were more likely to use passive options in coping with child's problem.

Uchida and Toshiro (1993), studied the family with a physically handicapped child and specific focus was laid down to the expectation and resignation of parents. Further, the incompatibility of the protective, controlling family system with the growth and progressive independence of the handicapped child was discussed. The need for the parents to have realistic expectations for their child to wait for the child to make his own decisions regarding change was emphasized.

Sloper and Turner (1993), investigated parental satisfaction with disclosure of disability. They interviewed 103 mothers of children with severe physical disability. Only 37% of parents were satisfied with disclosure. Parents were more likely to be satisfied (1) if the professional carrying out the disclosure had sympathetic and approachable manner and communicated well (2) if they had been given sufficient opportunities to ask the related questions (3) if they were form normal social class background. Results demonstrate the importance of parents and professional interaction and the socio-economic class of which they belong.

Parents of special children denying any negative impact on their child (Cassidy, 1994) believes that emotion regulation pattern of masking or minimizing negative emotion also influences the way these parents interact with their children. Parents of children with avoidant attachment consistently have been described as rejecting of their children's attachment needs. These mothers also have been shown to interpret their children's dampened emotional expression and physical avoidance of direct interaction as indexing a lack of interest in interacting with such child.

Soloman and George (1996), revealed that their parents are particularly vulnerable to being over whelmed by strong emotions that undermine their ability to provide care and make them unreceptive to their children's emotions. The parents' abdication of the care giving role is accompanied by a sense of fear. In this child is blocked from approaching an attachment figure that is simultaneously a source of fear as well as of comfort. Some clinicians argue for a family approach to the treatment of mental illness.

## LOCUS OF CONTROL

A negative, aversive way of responding to the disabled on the part of the non-disabled has been most commonly associated with hiring practices. It has also been shown to be part of the disabled individual's more common social interactions (Barker and Wright, 1952).

Locus of control is a personality construct based on Rotter's (1954) social learning theory and refers to a person's attributable tendency regarding the cause of control of events and to the generalized expectancy the reinforcement are under personal control.

Bioler (1961), stated that externally controlled subjects are not likely to have or incapable of having, feelings of inferiority, because they do not see themselves as

responsible for their failures. Thus, in the case of handicapped persons, the externally controlled individuals may manifest satisfactory adjustment, feeling that their condition is due to luck, fate chance or the will of God. On the other hand, the internally controlled handicapped persons, who by definition believe that his success or failure in the world is a result of their own doing, may feel guilt-ridden and blame-worthy. Though there is little evidence that disabled persons have lower general self evaluation than others, it seems reasonable to expect that disabled persons have particular areas in which they feel incompetent. Positive attitudes are part of the social surroundings of persons with a disability and may well contribute to the significant fact that feeling of inferiority are not more characteristic of people with disabilities as a group than of their able bodied counterparts. Many persons with disability have such feelings, and probably and have at some time during the course of their adjustment.

It was Seeman and Evans (1962), who noted that in a tuberculosis hospital internal patients possessed more information about their physical condition, and were generally less satisfied about the extent of information they were receiving.

Efran (1963), found that the tendency to forget failure was significantly related to internal scores. This could mean that an external has less need to avoid the unpleasant thought of failure, since his external orientation already provides him with a less threatening explanation. Internals on the other side, according to responsibility for the failure, tends to resort to forgetting in the situation as an avoidance technique.

Butterfield, (1964), tested anxiety and locus of control and observed that subjects who see frustration as insurmountable (as would be the case of handicap) differ from subjects who perceive frustration as surmountable. Subjects in the latter category indicate constructive reactions. Thus, subjects with internal locus of

control react constructively, while those with external locus of control react both extra punitively and more interapunitively.

Lefcourt and Laudwig (1965), found that socially disadvantaged group are typically found to be more externally control individuals while the degree of internal control depends upon the child's ability, and achievement.

Rotter (1966), cautioned that internality and externality represent two ends of a continuum. ***Internals*** tend to attribute outcomes of events to their own control. ***Externals*** attribute outcomes of events to external circumstances. According to him, students with a strong *internal* locus of control may believe that their grades were achieved through their own abilities and efforts, whereas those with a strong *external* locus of control may believe that their grades are the result of good or bad luck, or to a professor who designs bad tests or grades capriciously; hence, they are less likely to expect that their own efforts will result in success and are therefore less likely to work hard for high grades.

Internal and external orientation permits one to cope with threatening situations in different ways. Seeman and Evans (1967), Davis and Phares (1967), found that internals are superior to externals in activity seeking, internals are more likely to engage in behaviour that will confront a problem directly than are externals.

The substantive issue concerns how individuals differing in their behaviour exerts control over their environment adopt to situations that are more or less controllable, Wallston and Rahe,(1967), states that individual who also believe that they can control their environment adopts better to environment that respond to their control efforts than to individual who believe they have little control over their environment.

The impact of life events on the individual suffers helplessness and experiences of life changes such as acquiring handicap are more susceptible of emotional and

physical disturbances (Wallston and Rahe (1967),. He elaborated the effect of life events as determinants of disability, health problems; there has always been enough variance among the persons suffering life changes raise conserves of the ambiguity of the impact of life events.

Phares, and Davis (1968), found there were no differences in anxiety between internal and external but internals showed a significant greater willingness to engage in remedial behaviour to confront their problems. Externals, however, tend to believe that forces beyond their control determine the occurrence of reinforcements (fate, chance, powerful other, and complexity of the world).

Heinrich et.al. (1968), used the interpersonal trust scale in conjunction with a more directive process of assessing externality and internally and internally in regard to one's body and well being and found that handicapped children are more prone to externality.

Noonan and Barry (1970), suggested that the discrimination of the physically disabled has long been a subject of concern for psychologists who are interested in enhancing the potential of the disabled for rehabilitation.

MacDonald (1971), suggested that external orientation might predispose one to be more sensitive to the reactions or demands of outside agents specially those in status position. Arguing from the notion MacDonald and Hall (1971), received support for their hypothesis that among non-disabled college students, externals would rate physical disability as more debilitating to themselves as personally and socially than would internals.

Weiner, et.al (1972) elaborated about a stable and unstable dimension of control not only this it is being recognized that internal and external control beliefs can also be subdivided on other dimensions and the most popular subdivision of control belief is the "causal attribution".

A **broad based** study conducted by Corver (1976), explored negative attitude towards individuals possessing impairments and also evaluated the various theoretical constructed predicting positive and negative attitudes towards disability. Hanks and Hanks (1948), hold that negative attitude toward a disabled person are the result of non-disabled individual's degree of conformity to the standard of physical beauty health and achievement set by our society. The degree of ego strength is directly related to positive attitude toward disability (Siller, 1967). Low ego strength and unstable object relation on the part of the non-disabled are associated with rejection of the disabled.The person with disability and situation of concern also heightens the awareness of the complexity of person environment interaction and the presence of other variable such as different needs, parental attitude and various adjustment processes may maximize or minimize. The occurrence of interactions effects situational specific locus of control scale refers to people expectances of control in specific situations or areas of concern. The development of such measures is consistent with Rotter's theory (1954, 1975), in which both situation specific and general expectancies for control are seen as effecting behaviour.

Causal attribution and attribution of responsibility reflect attribution other than luck; task difficulty and ability seem to rely on both characters of the event and characteristics of the perceiver (Abramson, Seligman and Teasdale, 1978)

There has been found differences between internals and externals in terms of their achievement and motivation, suggesting that internal locus is linked with higher levels of n-ach. Due to their locating control outside themselves, externals tend to feel they have less control over their fate. People with an external locus of control tend to be more stressed and prone to clinical depression (Benassi, Sweeney and Dufour, 1988).

The construct of locus of control in students with learning disabilities has been most exclusively studied in preschool elementary middle and high school (Turkaspa,et.al, 1993). Most findings indicated that students with learning disabilities have an external locus of control.

Halmhuber, Nancy and Scott (1993), studied perception of competence and control and the use of coping strategies by children with disabilities. 56 children in grade 2-6 identified as physically impaired (PI) learning disabled (LD) or regular education (RE) student participated in this study SS Completed paper and pencil tasks tapping their knowledge of handicaps and their perception. Result reveals different patterns among SS with highly effective coping strategies. Successful coppers perceived themselves as competent and made few attributions to unknown sources of control.

Dhar (1993), opined that those people who have been disabled orthopaedically within last few years exhibit lesser self confidence as compared to those who become disabled early in age. It is also interesting to note that those with comparative minor disability demonstrated lesser degree of self acceptance than those with comparative minor disability demonstrated lesser degree of acceptance than those with 100% disability Similarly their attitudes and actions are governed by the attribution factors and depicts the influence of stages and degree of disability as a powerful determinants of their action (success and failures). The internals are resistant to social pressures and are dedicated to the persistence of excellence although the externals may appear to be more mal adjustive.

Halmhuber and Paris (1993), examined the interaction between children's self-perceptions of competitions, perceptions of control, and the use of effective coping strategies. Comparison between successful coppers and the children with a least successful perceived themselves as competent and made few attributions to

unknown source of control. Results suggest that children representing a range of intelligence levels and education handicaps can learn to adapt successfully.

Sharma and Jamwal (2004), researched to study the frustration reactions in physically challenged. Ten institutionalized physical challenged children aged 5-13 years most of whom belong to low socio-economic status families. The study reveals that frustration is observed among these children but most of the children turn blame, hostility against some person or thing in the environment.

Most parents have no problem attributing their young child's success to the child's own efforts. On the other hand, when another child does better than their child, to make their child feel better they will often attribute the other child's success to luck. The more insidious problem is the way in which many mother and father deal with their child's failure. Parents are reluctant to add to their child's woes by laying on them the blame. They routinely comfort their child by pointing out relevant factors that were beyond his control and justify their action by saying "we didn't want him to feel guilty".

Wolman, Estradal, Errol and Dupoux (2006), investigated the relationship between locus of control and social, personal and emotional adjustment to college life in students with and without learning disabilities (LD). Results showed a significant relationship between locus of control and both social adjustment and personal-emotional adjustment for both groups. Students with external locus of control tended to have higher adjustment scores than others. No differences were found in the locus of control orientation between students with and without LD, and in the personal-emotional adjustment to college life. Student with LD, scored higher in social adjustment than their peers without LD.

The above review of empirical work done points to the fact that externality and internality play a role in enhancing the individual's level of achievement. Since

the concept of locus of control contributes to total behavioural aspects, and overall successful adjustment. The viewpoint strongly supported by the different researchers predict that person with internal locus of control believes that they control their own destiny. They also believe that their own experiences are controlled by their own skill or effort. On the other hand, people who tend to have external orientation, tend to attribute their experiences to fate, chance or luck and therefore, tend to lack persistence and do not have very high level of expectation. Hence, on the basis of various empirical findings, it is concluded that internal orientation attribute almost all types of qualities related to positive behavioural aspects and adjustment process of the individual.

## NEED PATTERN

The need of ***achievement*** also known as the motive for success represents a relatively stable or enduring disposition to strive for success. Atkinson defines the need for achievement as a capacity to experience pride in accomplishment. Theorists prior to Atkinson also conceived of an active organism, not bound by incoming external stimulation (Peak, 1958).

A number of investigation have explored causal attribution, most notable among these investigators is Bernard Weiner, (Weiner, Heckhauson, Mayer and Cook 1972), who has with some success added a dimension of stability which interacts with locus of control in predicting achievement behaviour. Weiner has tentatively concluded that the choice to engage in achievement activity is mediated by internal variable factor such as effort, which generates positive feeling that is persons perceiving that outcome in achieve activities are determined by variation of their own efforts as opposed to constant ability, will find more pleasure engaged in their pursuit. Second if bad luck has been responsible for failure, then hope of improvement is still plausible. If one's effort or luck has been failing, then change is possible and perhaps imminent. Although it is felt that people high in need for

achievement (n -Ach), are very likely to be internally oriented, there is no reason to expect all low in achievement people to be external or should all internals be expected to be uniformly high in need for achievement.

A number of factors significantly influence the aspect of social competence. Achievement is perhaps most notable example. In a study Vaughin, Hogan, Lancelotto, Shapiro and Walker (1980) found that high achieving children with physical problems did not receive significantly lower peer rating of acceptance than did the high achieving peers without behavioral problems.

In the age group of 6-10 years 52 blind children were identified with onset of blindness, sex-wise distribution revealed strand of male and female quite opposite to each other. Singhand Sunit (1990), concluded that rehabilitating in the same environment was more effective as far as achievement was concerned. Another interest for psychologists is the effect of experience of social deprivation on different adjustment phenomena. The literature suggests that organic deprivation plays a part in infant growth and his pervasive reunification for a child in the intellectual social and effective domain.

Most of our waking hours are spent in interaction with other people. Range of possible types of interaction is vast-talking, making love, working cooperatively, arguing, listening, and playing competitively. People instinctively ***affiliate*** with other. We are social animals, and because of inborn characteristics, we seek out others, form families, and organize societies. People affiliate because they have to, in order to survive. An infant enters the world helpless and would die quickly if not cared for. Even after the child has left this stage of helplessness other people are needed for it to survive

Pepper (1948), propagated that handicapped child is inadequate as it fails to address important component of social relationship. The interaction between the

target child is assumed to be a deficit model. The problem is within the child and the reason for non cooperative friendly behavior and for poor adjustment is the child's deficient social skills repertoire. The deficit model of non-affiliative behavior is child centered and seeks to solve the problem by making changes the problem by making changes in the child's own world of though which only can enhance the skills of cooperation.

Affiliation with other people may in some cases be instrumental to the satisfaction of other needs, allowing the individual to use his interaction with others to attain a variety of personal goals; on the other hand affiliation may also be thought of as a quest for approval and acceptance by other (Festinger, 1954).

Greenspoon (1955), in a study showed that social approval may serve as an incentive or goal towards which behavior is directed without a person's being consciously aware of it.

Veroff (1956), has reviewed the literature on measurement of affiliation and defined in affiliation in term of need for security. He used a similar arousal technique for seeking social acceptance, a more positive view than fear of separation. The motivation that induces people to seek company of others is one of the most interesting of all motives that activate and direct man's social behavior. Affiliative behaviour generates several kinds of motivation.

Shortridge (1961), directed attention towards the important issue of facilitating attitude change towards the handicapped. They observed the significant positive shifts were found in subjects' perception of their handicapped peers, their play capabilities, intelligence level and self acceptance. Thus the need for affiliation, which exists in all human beings, including the handicapped can be given direction for fulfillment by making attitudes of peers more positive and helping, taking the handicapped towards social acceptance rather than fear of separation.

Schachter (1962), provides evidence congruent with the interpretation of basis of reward value of approval. In fact there may be crisis situations, under which individuals who are highly motivated to gain approval and acceptance, may be very anxious about their ability to behave in socially acceptable ways. They are also fearful that they may be disapproved by others under, such conditions the individual may withdraw from social interaction with others in order to avoid failure and disapproval, thus displaying essentially non-affiliative behaviour. Further analysis revealed differences in affiliative preferences that were systematically associated with the order of the individual's birth in his family. First born and only children showed the greatest evidence of preference to avoid the dreaded experiment in the company of others, later born showed considerably less. In this sense the only child or oldest child in a family appears to be dependent on others and more driven by affiliative needs, than later born children.

Horney (1970), conducted programmes facilitating positive peer interaction among handicapped and non-handicapped students. Research tends to substantiate the rejected status of these students. The programme tried out procedures that have been developed to modify the peer acceptance of handicapped children in the regular class room. The following stage of the proramme deserve mention : (1) observation that non handicapped students are dependent largely on non-handicapped students experience, (2) providing the non-handicapped with knowledge about the handicapped, (3) incorporating both contact and information in an attitude modification (4) facilitating acceptance of handicapped students by the organization of small group experiences and (5) advocating cooperative class room instruction.

Clore and Jeffrey (1972), attempted to assess the effects of role playing and vicarious role playing on attitudes of disabled children. The authors found that brief adoption of either the role of the disabled (by traveling around campus in a

wheelchair) or vicariously experiencing the role of the disabled (by observing the person in the wheelchair) had significant positive effects on subjects' interactions with a disabled experimenter in response to a series of topical issues related to (he disabled in general and to a disguised attitudinal measure four months later.

Peplau, Russell and Heim (1979), point out that lonely people tend to underestimate external causes of loneliness and to over estimate internal causes. When loneliness is severe or enduring, people tend to explain it in characterelogical rather than situational terms.

Experimental findings of Dollard (1950), confirms prediction based on the drive reduction hypothesis that is subjects who were insulted by an experimenter and were given the opportunity to express their ***aggression*** in fantasy would subsequently display less hostility toward experimenter than a comparable group which engaged in non fantasy activities.

Hoffman, Becker and Gabriel (1950), suggest that the concept of 'defense mechanism' can be used to explain reaction to disability. Patients may respond to their feelings of guilt, despair or disgust by projecting them on the others. 'Acting out', occurs when a patients converts energy from anxiety into action and engages in proactive, aggressive or rebellious behaviours.

Lorenz (1958), proposes that both aggressive energy and aggressive cues are instinctive. Society has little control over either. The arousal is the result of frustration and the aggressive cues are learned, through their post association with aggressive action. Aggression can be reduced either by changing social condition to minimize the number of cues associated with aggression.

Moyer (1976), defined aggression as an overt behaviour involving intent to inflict noxious stimulation or to behave destructively towards another organism. Aggressive behaviour may be direct or indirect. Under condition of aversive

stimulation or frustration, aggressive, destructive behaviour may be directed towards inanimate objects. The important variable is the intent or perceived intent of the behaving individual

Handicaps who lead a life of challenges which leads towards frustration and they do not get success in overcoming these frustrations they become aggressive. In this way they profess their failure and pessimism of their constitutional nature to aggression. Aggression and social withdrawal are among the broad categories of poor peer adjustment that put children at risk for later problem behavior. Although the consequences of early aggression are better documented and appear to be more severe than those associated with withdrawal, both types of social maladjustment have been examined in relation to such negative outcomes as low academic achievement, early school dropout, and juvenile delinquency (Parker and Asher, 1987). The focus of this research has been on the actions (or inactions) of the maladjusted child that might result in negative outcomes.

It is therefore important to examine children's developing thinking about what it means to be an aggressive or socially withdrawn child and how this understanding relates to varieties.

A very powerful need studied to understand adjustment of handicapped children, is the need for ***dominance***. Dominance represents manipulative power over other people and is frequently regarded as a learned sociogenic motive. Dominative attitude means to control others to persuade, to dictate, to restrain and to organize the behavior of a group.

Murray (1938), defines dominance as 'to control one's human environment to influence or direct the behavior of others by suggestions reductions persuasion or command'. Dominance means to dissuade, restrain or prohibit. Where we view the handicapped in the frame work the need for dominance acquire great importance.

Due to disability it is difficult for them to achieve position and power control and command over others. Their pathological situation is likely to make them suffer or feel that they are being continuously dominant by others. On the other hand distress due to disability leads to a certain sort of dominance reaction often visible in the behavior of handicapped. It is a compensatory reaction to overcome the feeling of inferiority.

The need for dominance has to do with human power exerted, resisted or yielded to. It is a question of whether an individual, to a relatively large extent, initiates independently his own behavior and avoids influences, whether he copies or obeys or whether he commands, leads and acts as an example for others. We all know that people have the desire for 'dominance' over others that they can influence or direct the lives of others as well as themselves. Some individuals, on the other hand, are relatively "powerless' exerting little control over the course of events.

Social dominance represents manipulative power over other people, and as such it is frequently regarded as a learned sociogenic motive. The dominance of adults over children is condemned in our society and to a limited extent dominance of male over female is the social conventional pattern in marital relationship. Horney (1939) suggests status implies social power and the ability to dominate and control other. Dominance or prestige is directly dependent upon gaining the acceptance and approval of one's peer. Thus, it is difficult to isolate dominance from other sociogenic motive such as achievement, affiliation and power.

A handicapped individual is different in the pathological sense from the normal. The feeling that he in less capable, less strong perhaps less appealing physically and different from his normal peers give rise to a sense of condemnation, frustration and inferiority. Such things produce an inordinate amount of conflict and anxiety and finally may strengthen a reaction which may be called domination, which is supposed to be obviously and attempt to over come all these

feeling of inferiority. It is assumed that certain disabilities are so distressing that anyone who has their must be psychological disturbed. Someone who is blind is expected either to live in a perpetual depression or to possess supernormal adaptation power that make acceptance of the condition possible. Such distresses due to disabilities lead to certain sort of dominance reaction often visible in there activities. The dominance may have come as a compensatory reaction.

***Abasement*** should be considered as a drive in its own right. Abasement seems to be an attitude serving, the avoidance of further pain or anticipated punishment or the desire for passivity or desire to show extreme defiances.

The physically disabled children who were target of disability since their childhood (whether it is born or acquired later in their early childhood), their whole behavior is influenced by the basic personality characteristics. Their patterns are laid down according to their body structure. The success or failure their dominance and aggression all come as compensatory reaction to their organ inferiority. Such inferiority which is developed within them may be due to their body image as well as reaction of others. Therefore, the need for abasement is a basic concept supposedly presents more and more amongst physically handicapped, specially among children.

The handicapped permeate into all situations and sphere and influence the development of their personality. Therefore, their needs are laid down according to their body structure, severity of problems and others views towards them and their disability. Inferiority may develop within themselves due to their bodily image as well as reaction of others and circumstances. So need for abasement is present more among handicapped, specially children where being different haunts the whole personality.

These natural and social element combined give rise to high anxiety and results in feeling of abasement. Such unnecessary apprehension of self devaluation of the individual leads to adverse impact an individual's adjustment.

When a child is accepted, approved respected and liked for what he or she is, he or she will have an opportunity to acquire an attitude of self-acceptance and respect for self (Jersild,1954).With such an attitude, he will have freedom to venture. But if the appraisal placed on a child by others through the way, they respond to him and treat him is mainly such as to repudiate him, blame him and finds fault with him, be little and condemn him, then the growing child's attitude towards himself will be mainly unfavourable.

More or less similar observation were made by Chauhan, Tiwari and Upadhaya (1980), found a negative relation between abasement and adjustment in both normal and handicapped subjects.

According to Lake (1980), there are certain negative effect of withdrawal behaviour and loneliness. Lonely people often report feeling of depression, angry, afraid and misunderstood. If one is lonely, may become highly critical of oneself, overly sensitive, self-conscious or self-pitying, critical of others, worry about being evaluated by others and exhibit reluctance in engaging in social activities. The feeling of alienation, isolation and emptiness is generally present in person with disabilities.

Abasement should also be considered as a drive an attitude serving the avoidance of further pain or anticipated punishment or the desire for passivity or desire to show extreme defiance's. Crippled had very checkered and unfortunate carvers since their handicapped was obvious they were subjected to more score, contempt and abasement. The comparisons are made in relationship to peers normal they face and feel inferior more and more due to disability and handicapping condition.

Their personal aspirations were associated with parents, teachers and other associates. But they depicted feeling of abasement thought their thoughts and actions.

## HYPOTHESES

It emerges from earlier empirical evidence that factors like parental attitude, external and internal orientation, needs, gender and innate and acquired status of handicap, all contribute to the adjustment of the physically handicap child.

Therefore, the following hypothesis is being formulated by the researcher.

1. Parental attitude, locus of control, needs, gender, inborn and acquired status of handicap predicts the adjustment of the orthopaedically handicapped children.

2. Orthopaedically handicapped children with fathers having positive attitude are higher on adjustment than children having fathers with negative attitude.

3. Orthopaedically handicapped children with mothers having positive attitude are higher on adjustment than children having fathers with negative attitude.

4. Internally oriented orthopaedically children are higher on adjustment than externally oriented orthopaedically handicapped children.

5. Children born with orthopaedically handicapped children will differ in adjustment from children who have acquired the handicap.

6. Male and female orthopaedically handicapped children will differ on adjustment.

7. Children with fathers having positive attitude will differ from having fathers with negative attitude on Locus of Control.

8. Children with mothers having positive attitude will differ from having mothers with negative attitude on Locus of Control.

9. There will be difference between orthopaedically handicap children who are born with handicap and those who have acquired the handicap on Locus of Control.

10. There will be difference between male and female orthopaedically handicap children in terms of Locus of Control.

11. Children with fathers having positive attitude will differ from children having fathers with negative attitude on needs:

    i. Need for Achievement
    ii. Need for Affiliation
    iii. Need for Aggression
    iv. Need for Dominance.
    v. Need for Abasement

12. Children with mothers having positive attitude will differ from children having mothers with negative attitude on needs:

    i. Need for Achievement
    ii. Need for Affiliation
    iii. Need for Aggression
    iv. Need for Dominance.
    v. Need for Abasement

13. High, Moderate and Low adjusted orthopaedically handicapped children will differ on needs:

    i. Need for Achievement
    ii. Need for Affiliation
    iii. Need for Aggression
    iv. Need for Dominance.
    v. Need for Abasement

14. Internally and externally oriented orthopaedically handicapped children will differ on needs:

    i. Need for Achievement
    ii. Need for Affiliation
    iii. Need for Aggression
    iv. Need for Dominance.
    v. Need for Abasement

15. Children with born (congenital) and acquired handicap will differ on needs:

    i. Need for Achievement
    ii. Need for Affiliation
    iii. Need for Aggression
    iv. Need for Dominance.
    v. Need for Abasement

16. Male and female orthopaedically handicapped children will differ on needs:

    i. Need for Achievement
    ii. Need for Affiliation
    iii. Need for Aggression
    iv. Need for Dominance.
    v. Need for Abasement

# *Chapter-III*

# *METHODOLOGY*

Before undertaking any research it is important that the researcher examines research problems and research questions which need to be clarified, so that an appropriate methodology may be planned.

The main trust of the present research is to throw some light on the adjustment process of the orthopaedically handicapped children by exploring how parental attitudes, locus of control and presence of different needs could contribute to the adjustment of the specially abled children. The title of the research is "Adjustment of the physically handicapped children as a function of parental attitude, locus of control and need pattern", which clearly indicates that the researcher wishes to throw some light on the world of orthopaedically handicapped children.

Variable selected for present investigation are important and dynamic with social relevance which could depict direction and strategies of approaching a path towards positive adjustment. For example, parental attitude towards disabled children is a factor regarding which parent may be guided. Therefore, it has been visualized by the investigators that to study the adjustment of such small children with disabilities in reference to the role of both parents will be meaningful.

Other variable of importance are locus of control and need pattern of the orthopaedically handicapped children. Our study focuses on finding out in what manner handicapped children with an external orientation differ from those with internal orientation. Further orthopaedically handicapped children were studied in terms of certain needs, namely need for achievement, affiliation, aggression, dominance and abasement.

Some more aspect of phenomena was considered for in-depth understanding namely born (congenital)or acquired status and gender differences. These three variables are also included in our study.

Thus, the following factors were studied in the sample of orthopaedically handicapped children.

1. Adjustment (Criterion variables)
2. Parental attitude (Mother and father)
3. Locus of control (externally and internally oriented)
4. Needs.

    i. Need for achievement
    ii. Need for affiliation
    iii. Need for aggression
    iv. Need for dominance
    v. Need for abasement

5. Inborn and acquired status
6. Gender (male and female)

The investigator attempted to answer the following broad research questions.

1. Does attitude of parents of orthopaedically handicapped children influence adjustment?
2. Does locus of control influence adjustment of orthopedically handicapped children?
3. Do different needs experience by orthopaedically handicapped children influence their adjustment?
4. Do children with born (congenital) handicap differ from children with acquired handicapped on adjustment?
5. Do male and female orthopaedically handicapped children differ in adjustment?

Research methodology involves various steps which require due caution during conducting the research. These include:

- Design
- Sample
- Tools
- Procedure
- Statistical analysis

## DESIGN

The term design means drawing an online or planning or arranging detail. Research design means planning a strategy for conducting research. Research design is thus, a detailed plan of how the goals of research will be achieved. The research design selected by the investigator must fulfill the aims set by the researcher and also assure objectivity of parameters.

The present research is about the adjustment of the orthopaedically handicapped children with reference to their parental attitude, their external internal-orientation and motivational aspect of their behavior. The researcher felt that inborn and acquired status of disability and gender of the disabled child are two other important psychosocial factors which should also be taken into account. Therefore, a total number of nine variables had emerged as important component of present study. Since intergroup comparisons were also made to get in-depth knowledge of these special children therefore groups were formed in terms of each variable.

Some more findings were also obtained by calculating multiple regression (stepwise).The primary concern of the study is to identify the predictor variable which is related to adjustment. Therefore our design related to though predominantly a two group design has characteristic of correlation design. With the help of t-test and the significance of difference between means of two groups were obtained. Chi-square was used to see at what frequency the two groups differ from each other, falling on different categories. Median was calculated to obtain

the information whether the two groups have been drawn from the same population.

## SAMPLE

Our sample consisted of 160 physically handicapped children, age ranging between 5-13 years. These subjects were randomly selected from the Viklang Kendra, Bharadawaj Ashram, Allahabad. Sample consisted exclusively of physically handicapped children who were handicapped from birth as well as those who had acquired it later, either through accident or by disease like polio, during their childhood. Our sampling technique was therefore purposive sampling with all efforts to ensure objectivity.

A sample of 160 subjects was obtained. However, a sample of 100 was ultimately available for analysis because it was found that information given by almost sixty children on tests was incomplete. Eliciting information on relatively complex dimensions from children, particularly handicapped children is not an easy task. So many forms had to be cancelled. Among these hundred orthopaedically handicapped children finally selected, the number of boys and girls were 51 and 49respectively. And the children who were born (congenital) with handicap were found to be 36 while children who had acquired handicap were 64.

## TOOLS

In meaningful strategies we should have rich information regarding the tools that is used to gauge remedial measures for dealing with phenomena. After surveying and scrutinizing, the researcher felt that in view of the group being studied and the character of the group under study, it was found essential that an appropriate tool be used.

A very important decision was taken with regard to tools of the study. This decision regarding the tool and administration of test was particularly important because of the nature of the sample. The handicapped children were either too small to read and write fluently or were uneducated to come across a situation in which they were expected to give their responses and views. It was difficult to communicate with the subjects so the language of the tests had to be changed in accordance with their vocabulary and understanding level. For smaller children it was not possible to obtain responses directly from them. So the investigator discussed at length with the parents of the child and doctors and social workers who were looking after them and the response category indicative of the child's position was marked.

**(I) Adjustment Inventory**

The Adjustment Inventory used by the researcher was constructed and standardized by Mittal, V.K. (1965). This inventory is appropriate for use with children. The tool is basically meant for discriminating well adjusted individual from poorly adjusted ones.

The inventory covers the following areas of adjustment viz-home social, health and school. The total items to measure adjustment are 80. The respondents are required to record their responses in three categories i.e. "Yes" "Question mark (?) or "No". The inventory is non- timed. In general it takes 30 to 35 minutes.

A high score on the inventory indicates superior adjustment while low scores are indicator of poor adjustment. The test is meant for group administration. The scoring is quite simple. Every category of response is given a score. Maximum score to be given on an item is '3', doubtful response is always to be scored as '2' and score on the rest of the item is always to be scored as '1'.

There are separate scoring stencils for each page. While scoring, one has to put the appropriate area key on the test sheet to get the number of responses which are encircled in coloured punch of the stencil. Then such responses for each page are counted and multiplied by number 3. The responses of doubtful categories are counted and again multiplied by 2. The rest of the responses are also counted.

Maximum possible scores are 240 and minimum possible score is 80. The split-half reliability is reported to be .94. The inventory has been validated through the Hindi Problem Check List and coefficient was found to be significant.

In present study instead of categorizing the level of adjustment into four, it was categorized into three. This was done for the convenience of investigation and assessment. Two categories were combined to make a single at two levels but at one level only the adjective was changed, no combination of two categories were made to get the level of adjustment.

**Levels of Adjustment**

| | | | |
|---|---|---|---|
| (i) | Highly adjusted | = | Excellent and good level of adjustment. |
| (ii) | Moderately adjusted | = | Satisfactory level of adjustment. |
| (iii) | Third level of adjustment | = | Unsatisfactory and very unsatisfactory level of adjustment. |

**(II) Parental Attitude**

The scale to parental attitude is the Hindi version of PARI (Parental Attitude Research Inventory) developed by Saxena.U (1970). It consists two forms- mother and father separately. Mother form of PARI consists of 115 statements and the version of father's PARI of 100 statements. PARI in both cases can be administered individually as well as in group. The reliability as computed by the

author of mother's PARI is .83 and test- retest reliability was .78. The father's form of PARI was also administered and the split half reliability (n= 200) was computed and found to be .79 and the test retest was fond to be .77. Both r's are indicator of the high reliability of the tool.

The concurrent validity computer was .81 for fathers and .78 for mother's PARI. PARI has been found very useful in conducting correlations and comparisons with personality adjustment and achievement.

**(III) Locus of Control**

The test used by the present investigator is Hindi adaptation of test designed by Pal,R (1983). This scale is helpful in understanding a child's view of placement of responsibility for events in his life. It has much important implications for a child's motivational set and cognitive functioning. Several extensive and elaborate theoretical views of this concept are available in the work of Rotter (1954), Rottter, Seeman(1962) and Weiner (1972, 1974).

The child is born in a society which is made up of people. It is essential for a child to learn the pattern of behavior that exists in his society as this is essential for the individual's survival. The patterns of behaviour of a society have a close affinity with the child. Locus of control is related to the extent to which the child is self motivated, directed or controlled and to the extent to which the environment, the outside forces e.g., luck chance, powerful others etc. influences his behavior. According to the author of the scale, the reliability of the test as calculated by split-half method was found to be .80 and by retest method with an interval of one month was .76 .For determining the validity of the test both English and Hindi versions were administered with an interval of one month.

The test consisted of thirty four items. Each items interpreted both internal and external attribution .Internal and external items were responded by subject on a five point scale ranging from one to five.

In spite of the fact, that the test used by the investigator had its own reliability and validity, the nature of the sample in which a test is used necessitates that some further steps be taken to ensure its relevance. As pointed out earlier, the sample studied was comprised of handicapped children. Some of the items on the scale, while important for normal sample, did not have bearing on the handicapped child. Therefore the investigator computed the discriminatory value of each of the thirty four items and found that five items had a very low discriminatory value. These five items namely, no. 1,9,10, 12 and 29 were eliminated. Our scale therefore, had a total of 29 items. The above procedure helped in evolving a tool which fulfilled our purpose more effectively.

**(IV) Need Scale**

The test used by the present researcher to study needs was the Hindi adaptation of an earlier need scale which had been prepared with the help of adjectives taken from Gough and Heilburn (1965), and is in the form of self rating following Murray's (1938) need press system.

This adaptation from English to Hindi was done by Aijaz and Kureshi (1984), Department of Psychology AMU, Aligarh. The adjectives which have been translated from English to Hindi with all precautions and checks, for faithful translation were arranged alphabetically (English languages) and not according to the first letter of the needs. Thus, the fifty adjective gave a scattered rather than an organized layout of the given needs. The test in question has been extensively and successfully used by many investigators. The needs studied by the investigator,

viz, aggression, affiliation, abasement, achievement, dominance may be defined as follows:

Achievement : To strive to be outstanding in pursuit of socially recognized.

Affiliation : To seek personal friendship.

Aggression : To engage in behavior that hurts others.

Abasement : To express feelings of inferiority through self criticism.

Dominance : To seek and sustain leadership role in group

These needs as represented by the scale items number are being given below:

1. Adjectives related to achievement need (item no): 9,13,17,25,29,33,40, 47.
2. Adjectives related to affiliation need (item no): 1, 10, 11, 18, 34, 35, 45,38 49.
3. Adjectives related to aggression need (item no): 8, 14, 20, 21, 27, 32, 36, 41, 44, 46.
4. Adjectives related to dominance need (item no): 2, 6, 16, 19, 26, 31, 42, 43.
5. Adjectives related to abasement need (item no): 4, 5, 12, 15, 18, 22, 24, 37, 39.

Whether an item was indicative or contraindicative of a need, determined the direction of scoring.

1. Contraindicating adjectives related to achievement : 17,29,40,47
2. Contraindicating adjectives related to affiliation: Nil
3. Contraindicating adjectives related to aggression: 8, 21, 41, 44, 46.
4. Contra indicating adjective related to dominance: 10, 31, 42, 48.
5. Contraindicating adjective related to abasement: 7, 18, 24.

## PROCEDURE

In conducting research, administration of questionnaires is one of the most important tasks and has to be conducted with precaution. Genuine responses will be elicited from the subjects only if an appropriate rapport is established and confidence in researches is established as well as respect for confidentiality is also created, only then the quality of responses could be trusted. Here, the subjects were children with disabilities, so this establishment of rapport and trust needed to be done was with great sensitivity.

All four questionnaires were administered to all the respondent, at Viklang Kendra, Allahabad. Instructions for all scales were given separately and the authorities, social workers and doctors were asked not to influence children while responding to the questionnaires. It was a learning experience for the researcher to be in contact with the children with special needs, their parents, social worker and dcotors.The atmosphere provided by the authorities of the centre is worth mentioning because without the cooperation, the data could not be collected so smoothly. It was not easy to motivate respondents and to ensure that they all understand what is being asked. Instructions for each scale were given slowly, clearly in a tone that was reassuring. Each child was attended individually.

The central objective of the present study is to identify certain variables and their dynamics in orthopaedically handicapped children on the basis of adjustment inventory. The handicapped sample was divided into three groups, viz; highly, moderately and low adjusted groups. Subjects in the sample as a whole in terms of gender and in terms of those congenital or born handicapped and acquired handicapped children is presented Table –I

**Table : I**

| S.NO | Group | N | Highly adjusted | Moderately adjusted | Low Adjusted |
|---|---|---|---|---|---|
| 1. | Total sample | 100 | 31 | 27 | 42 |
| 2. | Males | 51 | 19 | 13 | 19 |
| 3. | Females | 49 | 12 | 14 | 23 |
| 4. | Congenital(born) | 36 | 11 | 11 | 14 |
| 5. | Acquired | 64 | 20 | 16 | 28 |

Further, it is found essential to provide important information regarding the number of highly, moderately and low adjusted externally and internally oriented orthopedically handicapped children, which has been presented in Table-II.

**Table : II.**

| S.NO | Group | N | Highly adjusted | Moderately adjusted | Low adjusted |
|---|---|---|---|---|---|
| 1. | Internally oriented orthopaedically handicapped children | 47 | 18 | 10 | 19 |
| 2. | Externally oriented orthopaedically handicapped children | 53 | 13 | 17 | 23 |

Similarly, Table-III represents a clear picture of one of the important factor influencing adjustment, that is, the positive and negative attitude of parents (mother and fathers of the orthopaedically handicapped children, which are obtained from PARI (Parental Attitude Research Inventory).

**Table : III**

| S.NO | Group | Total sample | Positive attitude | Negative attitude |
|---|---|---|---|---|
| 1. | Mothers of orthopaedically handicapped children | 100 | 42 | 58 |
| 2. | Fathers of orthopaedically handicapped children | 100 | 37 | 63 |

## STATISTICAL ANALYSIS

Once the data are collected, researcher transforms and summarizes the data so that result can be interpreted and communicated in a brief and comprehensive manner. So statistical methods are very important as Kerlinger (1983) opined that "statistics, via its power to reduce data to manageable forms and its power to study and analyze variance, enable scientists to attach probability estimates to the inferences they draw from data. Statistics imply make the process more exact because through statistics we make inferences, attach probabilities to various outcomes or hypotheses, and make decision on the basis of statistical reasons.

Selection of an appropriate statistics is an important objective for the study which helps in drawing the precise and accurate inferences. The following statistical analyses were used to analyze the data.

1. Step wise multiple regression analysis was used to identify the significant predictors of adjustment.
2. t-test was used to find out the significant difference between various groups in terms of variables under study.
3. Chi-Square and Median was used to determine the significance between two independent groups.

***(i) Regression analysis*** is a powerful set of statistical techniques that allow one to assess the relationship between one criterion variable and several predictor variables. Regression allows specific predictions to be made from the independent (predictor) variables about the creator variables. Simple regression involves a single independent variable. Multiple regression allows more than one independent variables to be used to predict the dependent variable and so improve the accuracy of the prediction.

There are three major types of multiple regression analysis. (i) Standard -multiple Regression (ii) Hierarchical Multiple Regression (ii) Multiple Regression and (iii) Step- wise Multiple Regression.

In the present study, Step-wise Multiple Regression was used. Stepwise multiple regression typically used to develop a subset of predictor variables that is useful in predicting the criterion variable, and to eliminate those predictor variables that do not provide additional prediction. It is the procedure in which order of entry of variables is based on statistical rather than theoretical criteria. At each step, the variable that odds most to the prediction equation in terms of increasing $R^2$ is entered. The process continues until no more useful information can be gained from further addition of variables.

***(ii) t-test:*** The t-test was used to assess whether the means of two groups are *statistically* different from each other. This analysis is appropriate whenever one

wants to compare the means of two groups. It is a statistical hypothesis test in which the test statistic follows a Student's *t* distribution if the null hypothesis is supported and is most commonly applied when the test statistic would follow a normal distribution if the value of a scaling term in the test statistic were known.

***(iii) Chi-Square***: Another test is used for more statistically proved information is Chi-Square which is used to determine the significance of difference between two independent groups. The two hypotheses under test is usually that the two groups differ with respect to the relative frequency with which group member's fall in several categories. To test the hypothesis, we count the number of cases from each group which fall in the various categories with the proportion of cases from one group in the various categories with the proportion of cases from the other group.

***(iv) Median Test***: It is also used to obtain the information as to whether it is likely that the two independent groups (not necessarily of the same size) have been drawn from the population with the same median. The alternative hypothesis may be that the median of one population is higher than that of the other. The test may be used whenever the score for the two groups are in at least on ordinal scale.

# Chapter-IV

# RESULTS

The results obtained by the researcher after statistical analysis is being reported in this chapter. The status of the hypothesis formulated can be evaluated from the tables given. Each table together with clarifications gives the picture of the phenomenon being studied.

## Table : 1.1

**Showing the stepwise multiple regression for total sample to find out significant predictor of adjustment amongst the orthopaedically handicapped children.**

| Step no. | Predictor Variables | Total R | 'F' value for R | Sig.of F | $R^2$ | Sd. error of 'R' | 't' value of β | Sig. of t | Constant | β |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Locus of Control | 0.759 | 133.50 | 0.000 | 0.577 | 22.55 | -6.45 | 0.00 | 198.50 | -14.0 |
| 2. | Need for dominance | 0.832 | 109.23 | 0.000 | 0.693 | 19.32 | -5.96 | 0.00 | | -1.2 |
| 3. | Need for achieve. | 0.850 | 83.40 | 0.000 | 0.723 | 18.44 | 3.83 | 0.00 | | 0.69 |
| 4. | Mother's attitude | 0.864 | 69.62 | 0.000 | 0.746 | 17.75 | 2.87 | 0.01 | | 0.66 |
| 5. | Need for affiliation | 0.874 | 60.80 | 0.000 | 0.764 | 17.19 | 2.53 | 0.05 | | 0.56 |
| 6. | Need for abasement | 0.882 | 54.43 | 0.000 | 0.778 | 16.75 | -2.47 | 0.05 | | -0.54 |

## Table :1.2

**Description of variance in adjustment accounted for by the predictors.**

| Step no. | Variable | R | $R^2$ Change | % of variance | Increase in % of variance |
|---|---|---|---|---|---|
| 1 | Locus of control | 0.759 | ------- | 57.7 | ---- |
| 2 | Need for dominance | 0.832 | 0.116 | 69.3 | 11.6 |
| 3 | Need for achievement | 0.850 | 0.030 | 72.3 | 3 |
| 4 | Mother's attitude | 0.864 | 0.23 | 74.6 | 2.3 |
| 5 | Need for affiliation | 0.874 | 0.18 | 76.4 | 1.8 |
| 6 | Need for abasement | 0.882 | 0.14 | 77.8 | 1.4 |

The Step wise Regression was conducted by the investigator to study prediction of adjustment amongst the orthopaedically handicapped children. The predictor variable studied were twelve viz; parental attitude (mothers and fathers, separately), locus of control, needs (n-achievement-affiliation, n-aggression, n-dominance and n-abasement), gender (male and female), born and acquired status of orthopaedically handicap. Amongst them, six predictors were found to be significant. Stepwise regression reveals the following results:

The tables indicate that six independent variables have entered in the regression model in a hierarchical manner. These variables are locus of control, need for dominance, need for achievement, need for affiliation need for abasement and mother's attitude. All of these variables have collectively accounted for approximately 77.8% of the total variance in adjustment.

The values in Table- 1.1 and 1.2 shows that the first independent variable i.e. locus of control is the most significant predictor of adjustment, which accounts for 57.7% of the total variance in adjustment. Beta value for this variable is -14.06, that signifies a negative predictive relationship between adjustment and locus of control. In other words, if we increase locus of control by 1 unit, the level of adjustment will be decreased by -14.06 units (provided that the effect of all other variables is held constant). t value and its significance shows that beta significantly differs from zero and in the slope of regression line is negative and significant. It may be noted that a high score on locus of control scale indicates externality that is negative predictive relationship is found between adjustment and externality (Locus of control).

Our next important predictor is Need for dominance. It along with locus of control accounts for 69.3%of the total variance in adjustment. However, its individual contribution is 11.6%. The beta value for this variable is -1.24, that signifies a negative predictive relationship between adjustment and need for dominance. In other words, if we increase need dominance by one unit, the level of adjustment

will be decreased by -1.023 units. t value and its significance shows that beta significantly differs from zero and in the slope of regression line is negative and significant.

The third significant predictor is need for achievement. It along with other predictors, accounted for 72.3% of total variance in the adjustment. However its individual contribution is 3% of the total variance in adjustment. The beta value for this variable is .697, which signifies a positive predictive relationship between adjustment and need achievement. In other words, if we increase need for achievement by one unit, adjustment will also be increased by .697 units. t value and its significance shows that the beta significantly differs from zero and in the slope of regression line is positive and significant.

The fourth significant predictor is the positive attitude of mother. It along with other predictors, accounted for 74.6% of total variance in the adjustment. However its individual contribution is 2.3% of the total variance in adjustment. The beta value for this variable is .066, which signifies a positive predictive relationship between adjustment and mother's attitude. t value and its significance shows that the beta significantly differs from zero and in the slope of regression line is positive and significant.

The fifth important predictor is need for affiliation. It along with other predictors, accounts for 76.4% of the total variance in the adjustment. However, its individual contribution is 1.8% of the total variance in adjustment. The beta value for this variable is .568, which signifies a positive predictive relationship between adjustment and need affiliation.

The last significant predictor is need for abasement. It along with other predictors, accounts for 77.8% of the total variance in the adjustment. However, its individual contribution is 1.4% of the total variance in adjustment. The beta value for this variable is -.544, which signifies a negative predictive relationship between adjustment and need abasement. t value and its significance shows that the beta

significantly differs from zero and in the slope of regression line is negative and significant.

Ultimately we see that the total contribution of variance accounted for by the six variables is 77.8%, the remaining 22.2% of the total variance in adjustment is due to some other variables which are out of the scope of the present regression analysis.

An overall picture of the role of the various predictor variables was obtained through step-wise regression analysis. In order to obtain more detailed information, particularly because many variables do not enter into stepwise analysis, some further analysis was conducted. Table 2 gives the status of adjustment of orthopaedically handicapped children with positive and negative attitude fathers.

**Table : 2**

**Showing the significance of difference on adjustment of orthopaedically handicapped children with positive and negative attitude fathers.**

| Group | Variable | N | Mean | SD | MeanDiff | t | p |
|---|---|---|---|---|---|---|---|
| Fathers with positive attitude | Adjustment | 36 | 186.06 | 27.13 | 64.58 | 13.76 | p<.01 |
| Fathers with negative attitude | | 64 | 121.48 | 19.49 | | | |

The above table 2 shows the result of an independent sample t-test which is conducted to compare the mean of two groups. The mean value of adjustment of orthopaedically handicapped children with positive and negative attitude fathers is found to be 186.06 and 121.48, respectively. The adjustment of children with positive attitude father is found to be greater as compared to adjustment of children with negative attitude father. The computed value of t =13.760, p<.01.Thus, significant difference was found in adjustment scores of children with positive and negative attitude fathers. Our hypothesis that **orthopaedically handicapped children with fathers having positive attitude are higher on adjustment than children with fathers having negative attitude,** is **accepted.**

## Table : 3

**Showing the significance of difference on adjustment of orthopaedically handicapped children with positive and negative attitude mothers.**

| Group | Variable | N | Mean | SD | MeanDiff. | t | p |
|---|---|---|---|---|---|---|---|
| Mothers with positive attitude | Adjustment | 42 | 201.19 | 23.83 | 69.57 | 14.80 | p<.01 |
| Mothers with negative attitude | | 58 | 131.62 | 22.72 | | | |

The result of an independent sample t-test conducted to compare the adjustment of orthopaedically handicapped children with positive and negative attitude mothers, is reported in table-3.It can be seen that the mean adjustment scores of adjustment with children with mothers having positive attitude is much higher (i.e. 201.19)

than the adjustment of children with mothers having negative attitude which is 131.62.The computed t-value=14.80, p<.01, is highly significant. This indicates that the two groups differ significantly.

Therefore, our hypothesis, that, **orthopaedically handicapped children with mothers having positive attitude are higher on adjustment than children with mothers having negative attitude**, is, **accepted**.

**Table : 4**

**Showing the significance of difference on adjustment between externally and internally oriented orthopaedically handicapped children.**

| Group | Variable | N | Mean | SD | MeanDiff. | t | p |
|---|---|---|---|---|---|---|---|
| Internally oriented orthopaedically handicapped children | Adjustment | 47 | 214.87 | 9.22 | 95.44 | 31.41 | p<.01 |
| Externally oriented orthopaedically handicapped children | | 53 | 119.43 | 18.92 | | | |

The result of an independent sample t-test is conducted to compare the mean of externally and internally oriented orthopaedically handicapped children on adjustment. It is clear from the table 4 that there is significant difference between externally and internally oriented subjects on adjustment. The value of t=31.41, p<0.01, is highly significant. It is clear from the mean score that internally oriented handicapped children (214.87) are significantly more adjusted than externally oriented orthopaedically handicapped children (119.43). The

hypothesis, that **internally oriented orthopaedically handicapped children are higher on adjustment than externally oriented orthopaedically handicapped children**, is **ratified.**

## Table : 5

**Showing the significance of difference on adjustment between children with born (congenital) and acquired orthopaedic handicapped.**

| Group | Variable | N | Mean | SD | MeanDiff. | t | p |
|---|---|---|---|---|---|---|---|
| Born orthopaedically handicapped children | Adjustment | 36 | 172.61 | 32.79 | 2.99 | 0.40 | NS |
| Acquired orthopaedically handicapped children | | 64 | 169.62 | 36.49 | | | |

Table: 5 shows the result of an independent sample t-test conducted to compare the mean adjustment scores of those who are born with handicap and those who have acquired the handicap in later course of life. The difference obtained by calculating mean shows that adjustment level of born (congenital) and acquired handicapped children are almost same. The mean score of those born with handicap is 172.61 and of acquired handicap is found to be 169.62. The computed t-value 0.407 is non-significant.

The hypothesis that, **children born with orthopaedically handicapped will differ on adjustment from children who have acquired the handicap** is **not accepted.**

## Table : 6

**Showing the significance of difference on adjustment between male and female orthopaedically handicapped children.**

| Group | Variable | N | Mean | SD | MeanDiff. | t | p |
|---|---|---|---|---|---|---|---|
| Male orthopaedically handicapped children | Adjustment | 51 | 173.53 | 34.01 | 4.96 | 0.72 | NS |
| Female orthopaedically handicapped children | | 49 | 168.57 | 34.27 | | | |

The above table shows the result of an independent sample t-test conducted to compare mean adjustment of a group of male and female subjects. The result indicates that male orthopaedically handicapped children are higher on adjustment as they secure 173.53 in comparison to female subjects who have secured 168.57. The computed t= 0.72 on adjustment. It is clear that there is no significant difference found between the scores of male and female. It may be referred that male and female orthopaedically handicapped children are more or less similarly adjusted. Our hypothesis that **male and female orthopaedically handicapped children will differ on adjustment,** is, **rejected.**

## Table : 7

**Showing the significance of difference on locus of control amongst the children with positive and negative attitude fathers.**

| Group | Variable | N | | $\chi^2$ | Level of significance |
|---|---|---|---|---|---|
| | | internal | external | | |
| Fathers with positive attitude | Locus of control | 23 | 14 | 24.29 | p<0.01 |
| Fathers with negative attitude | | 29 | 34 | | |

The table-7 shows the results obtained amongst the orthopaedically handicapped children with positive and negative attitude fathers on locus of control. It may also be observed that greater number of fathers manifest a negative attitude, although number of internals appears to be slightly higher amongst those with positive attitude fathers. The obtained chi-square value =24.29, which is significant at 0.01 level of significance.

Therefore, our hypothesis that, **children with fathers having positive attitude will differ from children with fathers having negative attitude on locus of control**, is **accepted.**

## Table : 8

**Showing the significance of difference on locus of control amongst the children with positive and negative attitude mothers.**

| Group | Variable | N | | $\chi^2$ | Level of significance |
|---|---|---|---|---|---|
| | | internal | external | | |
| Mothers with positive attitude | Locus of control | 33 | 09 | 15.51 | p<0.01 |
| Mothers with negative attitude | | 39 | 19 | | |

The result obtained from the Table-8 indicates that there is a significant difference between orthopaedically handicapped children with positive and negative attitude mothers on locus of control, that is $\chi^2$ =15.51, which is significant at 0.01 level of significance. Therefore, our hypothesis that **children with mothers having positive attitude will differ from children with mothers having negative attitude on locus of control,** is **accepted**. Children with positive attitude mothers are more internally oriented (N=33) than externally.

## Table : 9

**Showing the significance of difference on locus of control amongst the born (congenital) and acquired orthopaedically handicapped children.**

| Group | Variable | N | | $\chi^2$ | Level of significance |
|---|---|---|---|---|---|
| | | Internal | External | | |
| Born orthopaedically handicapped | Locus of control | 27 | 09 | 0.177 | N.S |
| Acquired orthopaedically handicapped | | 20 | 44 | | |

Results obtained from Table 9 is indicating that there is no significant difference amongst the born (congenital) and acquired orthopaedically handicapped children on locus of control ($\chi^2$=0.177). Therefore, our hypothesis that **there will be difference between orthopaedically handicap children who are born with handicap and those who have acquired the handicap on locus of control** is **rejected.** Thus, externality and internality is observed to be insignificant among the groups of born and acquired handicapped children.

## Table : 10

**Showing the significance of difference on locus of control amongst the male and female orthopaedically handicapped children.**

| Group | Variable | N | | $\chi^2$ | Level of significance |
|---|---|---|---|---|---|
| | | Internal | External | | |
| Male orthopaedically handicapped children | Locus of control | 20 | 13 | 11.13 | p<0.01 |
| Female orthopaedically handicapped children | | 31 | 18 | | |

Table-10 shows the difference between male and female orthopaedically handicapped children on locus of control. The mean value of male orthopaedically handicapped children on internality is found to be 20, whereas for females it is found to be 31. The frequency of the females is found to be higher on internality than their male counterparts.

There is a significant difference found between the two groups, the value of chi-square being, $\chi^2$=11.13at 0.01 level.

Thus, the hypothesis that **there will be difference between male and female orthopaedically handicap children in terms of locus of control** is **ratified.**

## Table :11

**Showing the significance of difference on need for achievement, need for affiliation, need for aggression, need for dominance and need for abasement amongst the children with positive and negative attitude fathers.**

| Group | Variable | N | | Value of $\chi^2$ | Level of significance |
|---|---|---|---|---|---|
| | | High | Low | | |
| Positive attitude | n-achievement | 15 | 22 | 0.11 | NS |
| Negative Attitude | | 37 | 26 | | |
| Positive attitude | n-affiliation | 25 | 12 | 6.45 | p< 0.05 |
| Negative Attitude | | 26 | 31 | | |
| Positive attitude | n- aggression | 16 | 21 | 22.4 | p< 0.01 |
| Negative Attitude | | 37 | 26 | | |
| Positive attitude | n-dominance | 23 | 14 | 2.42 | p< 0.05 |
| Negative Attitude | | 29 | 34 | | |
| Positive attitude | n-abasement | 12 | 25 | 6.45 | p< 0.05 |
| Negative Attitude | | 34 | 24 | | |

The above table-11 reveals the result of significance of difference on five needs i.e. n-achievement, n-affiliation, n-aggression, n-dominance and n-abasement amongst the orthopaedically handicapped children with positive and negative attitude fathers.

For need for achievement, the computed value of $\chi^2$= 0.11, which is insignificant. Thus, the hypothesis that **children with fathers having positive attitude will differ from children having fathers with negative attitude on needs for achievement**, is **rejected.**

When the groups are compared on the need for affiliation, the computed value of $\chi^2$ is found to be significant ($\chi^2$=6.45) at 0.05 level of significance. It may be seen that as compared to children with negative attitude fathers, children with positive attitude fathers are manifesting higher score for need for affiliation more frequently than low score on need for affiliation. Our hypothesis that, **children with fathers having positive attitude will differ from children having fathers with negative attitude on need for affiliation** is **accepted.**

The result of orthopaedically handicapped children with positive and negative attitude fathers on need aggression is found to be significant ($\chi^2$=22.4).The offspring of positive fathers are less frequently high scorer on need aggression, whereas children with negative attitude father show a different pattern.

Thus, our hypothesis that **children with fathers having positive attitude will differ from children having fathers with negative attitude on need for aggression**, is **accepted.**

The result of computed chi-square between the group of orthopaedically handicapped children with positive and negative attitude fathers on need-dominance is found to be significant, $\chi^2$=2.42.Children with positive attitude fathers show higher need for dominance more frequently. Thus, our hypothesis that, **children with fathers having positive attitude will differ from children having fathers with negative attitude on need for dominance** is **accepted.**

The result of computed chi-square between the group of orthopaedically handicapped children with positive and negative attitude fathers on need-abasement is found to be significant, $\chi^2$ =6.45.High abasement need is shown less frequently by children with fathers having positive attitude.

Thus, our hypothesis that, **children with fathers having positive attitude will differ from children having fathers with negative attitude on need for abasement is accepted.** The values on the level of need abasement shows that negative attitude fathers are greater (N= 34) than the positive attitude fathers (N=12), showing the direction that fathers with negative attitude are more liable to fall towards the abasement need.

## Table : 12

**Showing the significance of difference on need for achievement, need for affiliation, need for aggression, need for dominance and need for abasement amongst the children with positive and negative attitude mothers.**

| Group | Variable | N | | Value of $\chi^2$ | Level of significance |
|---|---|---|---|---|---|
| | | High | Low | | |
| Positive attitude | n-achievement | 29 | 13 | 0.10 | NS |
| Negative Attitude | | 21 | 37 | | |
| Positive attitude | n-affiliation | 33 | 09 | 11.46 | p< 0.01 |
| Negative Attitude | | 26 | 32 | | |

| | | | | | |
|---|---|---|---|---|---|
| Positive attitude<br><br>Negative Attitude | n- aggression | 26<br><br>37 | 16<br><br>21 | 3.72 | NS |
| Positive attitude<br><br>Negative Attitude | n-dominance | 20<br><br>31 | 24<br><br>25 | 0.96 | NS |
| Positive attitude<br><br>Negative Attitude | n-abasement | 13<br><br>34 | 29<br><br>24 | 6.95 | $p< 0.01$ |

The result obtained from the table-12 is showing the difference between children with positive and negative attitude mothers on n-achievement, n-affiliation, n-aggression, n-dominance and n-abasement.

When the orthopaedically handicapped children with mothers having positive and negative attitude are compared on need for achievement, the value of chi-square is found to be insignificant($\chi^2$=0.10).Therefore, our hypothesis that **children with mothers having positive attitude will differ from children having mothers with negative attitude on need for achievement**, is **rejected**.

When the above group are compared on high and low level of need-affiliation, the result obtained is found to be significant ($\chi^2$=11.46) at 0.01 level of significance. Children with positive attitude mothers are more frequently high on need for affiliation. Therefore, our hypothesis that **children with mothers having positive attitude will differ from children having mothers with negative attitude on need-affiliation** is **accepted.**

The result of orthopaedically handicapped children with positive and negative attitude mothers on need for aggression is found to be insignificant ($\chi^2$=3.72).Thus, our hypothesis that **children with mothers having positive attitude will differ from children having mothers with negative attitude on need aggression,** is **rejected.**

The result of computed chi-square between the group of orthopaedically handicapped children with positive and negative attitude mothers on need-dominance is found to be insignificant, $\chi^2$=0.96.Thus, our hypothesis that, **children with mothers having positive attitude will differ from children having mothers with negative attitude on need dominance** is **rejected.** The result of computed chi-square between the group of orthopaedically handicapped children with positive and negative attitude mothers on need-abasement is found to be significant, $\chi^2$=6.95,p<0.01.In children with positive attitude mother need – abasement is found at a low level more frequently, fewer children manifest high need for abasement. Thus, our hypothesis that, **children with mothers having positive attitude will differ from children having mothers with negative attitude on need-abasement, is accepted**

## Table : 13

**Showing the significance of difference on need achievement between highly, moderately and low adjusted orthopaedically handicapped children.**

| Group | Variable | N | Mean | SD | Mean Diff | t | p |
|---|---|---|---|---|---|---|---|
| Highly adjusted | n-achievement | 31 | 35.83 | 7.58 | 10.05 | 4.90 | p<.001 |
| Low adjusted | | 42 | 25.83 | 9.29 | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Highly adjusted | n-achievement | 31 | 35.83 | 7.58 | 5.20 | 2.29 | NS |
| Moderately adjusted | | 27 | 32.33 | 7.038 | | | |
| Moderately adjusted | n-achievement | 27 | 32.33 | 7.03 | 4.79 | 2.05 | NS |
| Low adjusted | | 42 | 25.83 | 9.29 | | | |

Above table shows the results of an independent sample t-test which is conducted to compare the mean of need for achievement on high and low; high and moderate and moderate and low adjusted group of orthopaedically handicapped children.

When high and low adjusted groups were being compared on mean score of need for achievement, results show that highly adjusted subjects are higher (Mean=35.83) in comparison to low adjusted groups (Mean=25.83) on need for achievement. The computed value of t found to be 4.90, which is highly significant at 0.001 level. Therefore, our hypothesis that **high and low adjusted orthopaedically handicapped will differ on need for achievement** is **accepted.**

When the comparison between highly and moderately adjusted orthopaedically handicapped children on mean scores of need achievement is made, the computed t- value is found to be 2.29 which is in-significant. Therefore, our hypothesis – **high and moderate adjusted orthopaedically handicapped children will differ on need for achievement** is **rejected.**

Results obtained for moderately and low adjusted orthopaedically handicapped children on need for achievement is found to be insignificant as the computed t

value is 2.057.Our hypothesis **that moderate and low adjusted orthopaedically handicapped children will differ on need for achievement**, is **rejected**.

## Table : 14

**Showing the significance of difference on need for affiliation between highly, moderately and low adjusted orthopaedically handicapped children.**

| Group | Variable | N | Mean | SD | MeanDiff. | t | p |
|---|---|---|---|---|---|---|---|
| Highly adjusted | n-affiliation | 31 | 35.32 | 8.36 | 11.39 | 6.83 | p<.001 |
| Low adjusted | | 42 | 23.92 | 5.89 | | | |
| Highly adjusted | n-affiliation | 31 | 35.32 | 8.36 | 2.98 | 1.46 | NS |
| Moderately adjusted | | 27 | 32.33 | 7.03 | | | |
| Moderately adjusted | n-affiliation | 27 | 32.33 | 7.03 | 8.40 | 5.35 | p<.001 |
| Low adjusted | | 42 | 23.92 | 5.89 | | | |

Table-14 shows the results of an independent sample t-test which is conducted to compare the mean scores of need for affiliation on high and low; high and

moderate and moderate and low adjusted group of orthopaedically handicapped children.

The value of highly adjusted subjects on mean scores of need affiliation is 35.32 while the value of low adjusted orthopaedically handicapped children on the mean score of need affiliation is computed to be 23.92. The highly adjusted subjects are higher on need affiliation in comparison to low adjusted subjects with the genuine mean difference of11.39.It strongly prove the hypothesis of relation between affiliation need and level of adjustment. The computed t value is found to be 6.83 which is significant at 0.001 level.

The hypothesis that **high and low adjusted orthopaedically handicapped children will differ on need for affiliation** is **accepted.**

Results obtained for highly and moderately adjusted groups on the mean scores of need for affiliation is found to be insignificant (t-value=1.46).Thus the hypothesis that **high and moderate adjusted orthopaedically handicapped children will differ on need for affiliation** is, **rejected.**

The result of third level of comparison which is between moderately adjusted and low adjusted orthopaedically handicapped children on mean scores of need for affiliation is found to be significant at 0.001 level with the computed t -value=5.35 and the direction of being better adjusted on affiliation need is also worth mentioning that is moderately are considerably higher on their mean score(Mean=32.33) in comparison to low adjusted subjects who has shown lesser affiliative need as the calculated mean is 23.928 with the mean difference of 8.40.

Thus, the hypothesis that **moderate and low adjusted orthopaedically handicapped children will differ on need for affiliation** is **ratified.**

## Table : 15

**Showing the significance of difference on need for aggression between highly, moderately and low adjusted orthopaedically handicapped children.**

| Group | Variable | N | Mean | SD | Mean Diff. | t | p |
|---|---|---|---|---|---|---|---|
| Highly adjusted | n-aggression | 31 | 28.483 | 7.420 | 8.206 | 5.21 | p<.001 |
| Low adjusted | | 42 | 36.690 | 6.006 | | | |
| Highly adjusted | n-aggression | 31 | 28.483 | 7.420 | 4.55 | 2.21 | NS |
| Moderately adjusted | | 27 | 33.037 | 8.25 | | | |
| Moderately adjusted | n-aggression | 27 | 33.037 | 8.25 | 3.65 | 2.12 | NS |
| Low adjusted | | 42 | 36.690 | 6.006 | | | |

Table-15 shows the results of an independent sample t-test which is conducted to compare the mean of need for aggression on highly and low; highly and moderate and moderately and low adjusted group of orthopaedically handicapped children. Results shows that subjects highly on adjustment are less on need for aggression (Mean=28.48) in comparison to low adjusted orthopaedically handicapped children (Mean=36.69) which is in consonance of our hypothesis. The computed t-

value is 5.21 which is significant at 0.001 level. This indicates that the mean difference is statistically highly significant.

Therefore, our hypothesis that **high and low adjusted orthopaedically handicapped children will differ on need aggression** is **accepted.**

When the highly and moderately adjusted orthopaedically handicapped children are compared on need for aggression, the computed t-value = 2.21,is found to be insignificant.

Therefore, the hypothesis, **high and moderate adjusted orthopaedically handicapped children will differ on need for aggression,** is **rejected.**

Results of moderately and low adjusted orthopaedically handicapped children on need for aggression is found to be insignificant as the computed t-value is 2.12.

Thus, our hypothesis that **moderate and low adjusted orthopaedically handicapped children will differ on need aggression** is **rejected.**

## Table : 16

**Showing the significance of difference on need for dominance between highly, moderately and low adjusted orthopaedically handicapped children .**

| Group | Variable | N | Mean | SD | Mean Diff. | t | p |
|---|---|---|---|---|---|---|---|
| Highly adjusted | n-dominance | 31 | 21.38 | 6.52 | 13.5 | 8.16 | p<.001 |
| Low adjusted | | 42 | 39.90 | 7.31 | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Highly adjusted | n-dominance | 31 | 21.38 | 6.52 | 7.05 | 3.88 | p<.001 |
| Moderately adjusted | | 27 | 28.44 | 7.30 | | | |
| Moderately adjusted | n-dominance | 27 | 28.44 | 7.30 | 6.46 | 3.58 | p<.001 |
| Low adjusted | | 42 | 39.90 | 7.31 | | | |

Table-16 shows the results of an independent sample t-test which is conducted to compare the mean of need for dominance on highly and low; highly and moderate and moderate and low adjusted group of orthopaedically handicapped children.

Results indicate that high adjusted subjects are low on need dominance (Mean=21.38) than the subjects who are low adjusted (Mean=34.90). The calculated mean difference is remarkably showing the difference that is found to be-13.51. Computed t-value is 8.16 which is significant at 0.001 level of significance. Therefore, the hypothesis that **high and low adjusted orthopaedically handicapped children will differ on need for dominance** is **accepted.**

The result obtained for the highly and moderately adjusted orthopaedically handicapped children shows that moderately adjusted (Mean=28.44) are higher than the highly adjusted orthopaedically handicapped children (Mean=21.38) on need dominance. The computed t-value is 3.88 which is significant at 0.001 level. Therefore, our hypothesis that **high and moderate adjusted orthopaedically handicapped children will differ on need for dominance** is **accepted.**

When the moderately and low adjusted orthopaedically handicapped children are compared on need for dominance, the mean difference is found to be -6.46. It is equally suggestive and important that low adjusted subjects are higher on n-dominance (Mean=34.90) in comparison to moderately adjusted subjects (Mean=28.44) .The computed t value is 3.58 which is significant at 0.001 level. Therefore, our hypothesis, that **moderate and low adjusted orthopaedically handicapped children will differ on need for dominance**, is **accepted.**

## Table : 17

**Showing the significance of difference on need abasement between highly, moderately and low adjusted orthopaedically handicapped children.**

| Group | Variable | N | Mean | SD | Mean Diff | t | P |
|---|---|---|---|---|---|---|---|
| Highly adjusted | n-abasement | 31 | 22.09 | 6.61 | 10.55 | 5.87 | p<.01 |
| Low adjusted | | 42 | 32.64 | 8.20 | | | |
| Highly adjusted | n-abasement | 31 | 22.09 | 6.61 | 5.98 | 2.67 | p<.01 |
| Moderately adjusted | | 27 | 27.07 | 7.52 | | | |
| Moderately adjusted | n-abasement | 27 | 27.07 | 7.52 | 4.57 | 2.83 | p<.05 |
| Low adjusted | | 42 | 32.64 | 8.20 | | | |

The table 17 shows the result of an independent sample t-test which is conducted to compare the mean of need for abasement on highly and low; highly and moderately and moderately and low adjusted group of orthopaedically handicapped children.

Results indicate that subjects high on adjustment are found to be lower (Mean=22.09) on need abasement when compared with subjects who are low adjusted (Mean=32.64). The computed t-value is 5.87 which is significant at 0.01 level of significance indicates that the two groups of orthopaedically handicapped children differ on their need abasement. Thus, our hypothesis that **high and low adjusted orthopaedically handicapped children will differ on need for affiliation** is **accepted.**

When highly and moderately adjusted orthopaedically handicapped children were compared on need for abasement, the results were found that those who were highly adjusted were low on need for abasement (Mean=22.09) when compared to the moderately adjusted subjects (Mean=27.07). The computed t-value is found to be 2.67 which is significant at 0.01 level of significance, which is indicating that the hypothesis- **high and moderate adjusted orthopaedically handicapped children will differ on need for abasement**, is **accepted.**

When another group of moderately and low adjusted orthopaedically handicapped children were compared the results obtained indicate that the need abasement was found to be lower amongst moderately adjusted (Mean=27.074) as compared to low adjusted orthopaedically handicapped children (Mean=32.64). The calculated t-value 2.83 which is significant at 0.01 level of significance. Therefore, our hypothesis that **moderate adjusted and low adjusted orthopaedically handicapped children will differ on need abasement** is **ratified.**

## Table : 18

**Showing the significance difference on need for achievement, need for affiliation, need for aggression, need for dominance and need for abasement on internally and externally oriented orthopaedically handicapped children.**

| Group | Variable | N | Mean | SD | MeanDiff. | t | p |
|---|---|---|---|---|---|---|---|
| Internally oriented | n- achieve. | 47 | 33.30 | 9.10 | 7.15 | 4.00 | p<.01 |
| Externally oriented | | 53 | 26.15 | 8.74 | | | |
| Internally oriented | n- affiliation | 47 | 29.77 | 9.23 | 0.19 | 0.09 | NS |
| Externally oriented | | 53 | 29.96 | 8.99 | | | |
| Internally oriented | n- aggression | 47 | 31.55 | 8.51 | 3.10 | 1.78 | NS |
| Externally oriented | | 53 | 28.45 | 8.81 | | | |
| Internally oriented | n- abasement | 47 | 24.49 | 7.33 | -3.66 | 2.22 | p<.05 |
| Externally oriented | | 53 | 28.17 | 8.99 | | | |

The results of an independent sample t-test conducted to compare the mean of need for achievement, need for affiliation, need for aggression ,need for dominance and need for abasement on internally and externally oriented orthopaedically handicapped children is shown in table-18

The calculated mean score on need for achievement for internally oriented subjects was found to be Mean=33.30 and externally oriented subjects, the mean

was 26.15. The value of t obtained was 4.00 which is significant at 0.01 level. Thus, our hypothesis, namely **internally and externally oriented orthopaedically handicapped children will differ on need for achievement, is accepted.**

The result obtained from the comparison on need for affiliation between internally oriented and externally oriented orthopaedically handicapped children, given in the above table, show that there is no difference between the two groups. The computed t value 0.92 is found to be non significant. Thus, the hypothesis that **internally and externally oriented orthopaedically handicapped children will differ on need for affiliation,** is **rejected**

The above table also shows the result of internally and externally oriented orthopaedically handicapped children on need aggression. The computed t-value=1.78, is found to be insignificant. Thus, our hypothesis that **internally and externally oriented orthopaedically handicapped children will differ on need aggression,** is **rejected.**

When both the groups are compared on the mean of need for dominance, no significant difference was found between the two groups. The computed t value was found to be 1.01, which is non–significant. Our hypothesis- **internally and externally oriented orthopaedically handicapped children will differ on need for dominance** is **rejected.**

Again when both the groups are compared on the mean of need for abasement, significant difference was found between the two groups. Internals are found to be low on need abasement (Mean=24.49) in comparison to external oriented subjects (Mean=28.17) who. The computed t value 2.22 is significant at 0.05 level of significance. Thus, our hypothesis that **internally and externally oriented orthopaedically handicapped children will differ on need for abasement**, is **accepted**.

## Table :19

**Showing the significance of difference on need for achievement, need for affiliation, need for aggression, need for dominance and need for abasement between born and acquired orthopaedically handicapped children.**

| Group | Variable | N | Mean | SD | Mean Diff. | t | p |
|---|---|---|---|---|---|---|---|
| Born | n- achieve. | 36 | 26.08 | 10.47 | 7.40 | 3.67 | P<.01 |
| Acquired | | 64 | 33.48 | 9.21 | | | |
| Born | n-affiliation | 36 | 25.47 | 8.75 | 9.87 | 5.80 | P<.01 |
| Acquired | | 64 | 35.34 | 7.81 | | | |
| Born | n-aggression | 36 | 36.94 | 5.72 | 9.80 | 6.83 | P<.01 |
| Acquired | | 64 | 27.14 | 7.45 | | | |
| Born | n-dominance | 36 | 22.78 | 7.46 | 6.86 | 4.19 | P<.01 |
| Acquired | | 64 | 29.66 | 8.10 | | | |
| Born | n-abasement | 36 | 31.42 | 7.65 | 0.81 | 0.46 | NS |
| Acquired | | 64 | 30.61 | 8.62 | | | |

Born and acquired orthopaedically handicapped children were compared on mean scores of need for achievement, affiliation, aggression, dominance and abasement.

The above table reveals the fact that the children who have acquired handicap are high on need achievement (Mean=33.48) as compared to the children who are born with handicap (Mean=26.08).Significant difference is found between the two groups (t=3.67, p< 0.01).Thus our hypothesis that **children with born (congenital) and acquired handicapped will differ on need for achievement,** is **accepted.**

When the two groups are compared on need for affiliation, the obtained mean difference is found to be 9.872, which indicates a substantial difference between the two groups. The mean value of born and acquired handicapped children is found to be 25.47 and 35.34,respectively, which is indicating that acquired handicap are higher on this need.

The computed t-value is found to be 5.80, p<0.01 which is significant at 0.01 level. Thus, our hypothesis that **children with born (congenital) and acquired handicapped will differ on need affiliation** is **accepted.**

When the comparison of the two groups was made on need for aggression, the mean score of born handicapped children was found to be 36.94 and that of acquired handicapped children, it was 27.14, indicating the fact that born handicap are more prone to aggression than the acquired handicap children. The computed t-value is found to be 6.83, which is significant at 0.01 level of significance. The hypothesis that **children with born (congenital) and acquired handicapped will differ on need aggression**, is **accepted.**

When the two groups -born and acquired handicapped children are compared on need for dominance, the mean value of born handicapped children was found to be 22.78 and that of acquired handicap children was found to be 29.66.The mean difference, 6.86, indicates that children who have acquired handicap are more dominant in their nature. The computed t-value is 4.19, which is significant at 0.01 level of significance. This confirms the hypothesis that **children with born (congenital) and acquired handicapped will differ on need for dominance** is **accepted.**

Again when the groups are compared on need for abasement, it was found that there is non-significant difference between the two groups. The computed t value was found to be t=0.467. The hypothesis, that **children with born (congenital) and acquired handicap will differ on need for abasement,** is, **rejected.**

**Table : 20**

**Showing the significance of difference on need for achievement, need for affiliation, need for aggression, need for dominance and need for abasement between male and female orthopaedically handicapped children.**

| Group | Variable | N | Mean | SD | MeanDiff. | t | p |
|---|---|---|---|---|---|---|---|
| Male | n- achieve. | 51 | 28.25 | 7.81 | 1.89 | 1.14 | NS |
| Female | | 49 | 30.14 | 8.61 | | | |
| Male | n- affiliation | 51 | 31.90 | 8.83 | 4.66 | 2.80 | p<.01 |
| Female | | 49 | 27.24 | 7.69 | | | |
| Male | n- aggression | 51 | 32.88 | 8.99 | 6.75 | 4.02 | p<.01 |
| Female | | 49 | 25.90 | 8.32 | | | |
| Male | n- dominance | 51 | 35.00 | 7.029 | 8.04 | 5.07 | p<.01 |
| Female | | 49 | 27.96 | 6.83 | | | |
| Male | n- abasement | 51 | 33.31 | 7.39 | 7.72 | 5.05 | p<.01 |
| Female | | 49 | 25.69 | 7.02 | | | |

Table 20 shows the results of an independent sample t-test which is conducted to compare the means on various dimensions of the two groups. The computed t-value is 1.14 shows that there is no significant difference obtained between male and female orthopaedically handicapped children on need for achievement. Therefore, our hypothesis that **male and female orthopaedically handicapped children will differ on need for achievement** is **rejected**.

Significant difference between male and female orthopaedically handicapped children on need for affiliation is observed. The computed t=2.80, is significant at 0.01 level of significance. Therefore, our hypothesis that **male and female orthopaedically handicapped children will differ on need for affiliation** is **ratified.** Males are higher on need affiliation (Mean=31.90) when compared to female subjects (Mean=27.24).

When male orthopaedically handicapped children are compared with female orthopaedically handicapped children on need for aggression, the obtained t-value is t=4.02, $p<0.01$.A significant difference between male and female orthopaedically handicapped children is found. Male orthopaedically handicapped children (Mean=32.88) are found to be have higher need aggression in comparison to their female counterparts (Mean=25.90). Therefore, our hypothesis, namely, **male and female orthopaedically handicapped children will differ on need for aggression**, is **accepted.**

Male and female orthopaedically handicapped children were compared on need for dominance. The result shows significant difference between two groups (.t=5.07,$p<0.01$)on need for dominance. Males are found to be greater on need for dominance (Mean=35.00) in comparison to female orthopaedically handicapped children (Mean=27.96).

Thus, our hypothesis that **male and female orthopaedically handicapped children will differ on need for dominance,** is **accepted.**

Again, male and female orthopaedically handicapped children were compared on need for abasement. The calculated mean value for both the groups was found to be 33.31 and 25.69 respectively. Male subjects are higher on need for abasement when compared with female subjects with observable mean difference of 7.72. The computed t-value is 5.25, $p<0.01$ showing the significant difference between the two groups. Therefore, our hypothesis that **male and female orthopaedically handicapped children will differ on need abasement**, is **accepted.**

# Chapter-V

# DISCUSSION

The main purpose of identifying predictors of adjustment amongst orthopaedic handicapped children is to understand the dynamics of adjustment in this group, so that some intervention and mediation can be contemplated. Locus of control, need patterns and parental attitude are all factors that can be given direction to a greater or lesser degree. Of the above variables, parental attitude can be modified to a great extent through counseling of parents. Since both fathers and mothers have concerns and attachment for their offspring there is great likelihood that maximum efforts and responses will be forthcoming. It may not be easy to bring a change in motivational pattern but focused counseling has been found to bring some degree of change in this aspect also. Developing a perspective of exercising control through our own efforts in handling problems rather than waiting for powerful others to perform this job for us is also an attitude which can be built up through appropriate procedure. Providing experiences to children that foster a sense of self efficacy and control would be an important step in this direction.

Coming specifically to the findings of the present study it may be noted that mother's attitude, locus of control and need for achievement, need for affiliation and need for abasement emerged as significant predictors of adjustment (Tables1.1&1.2). Need for aggression and father's attitude did not contribute significantly. Neither did gender nor inborn or acquired status of the handicap. Although the attitude of both father and mother is extremely important for the child, it must be appreciated that the orthopaedically handicapped children need a greater amount of care than their normal counterparts. They have to be taught self reliance and autonomy, gradually and painstakingly. This job is done either by trained teachers in special schools or by the mother at home as fathers are usually away at work. Further in the stereotyped role of fathers, patience is not a very strong component, therefore it can be said that fathers give support but not in the same and varied intimate manner as mothers.

The study undertaken by the researcher was concerned with finding out the psychological and social variables related to adjustment of the orthopaedically

handicapped children. When we look at the result obtained from the present research it is clear that amongst all other predictors of adjustment, locus of control was the most powerful predictor which accounts for 57.7% of the total variance in adjustment. The dimension of externality and internality is an important aspect of our relations with the world and with ourselves. For the handicapped children it is an extremely important dimension because attribution of responsibility of a negative event which has affected life as a whole will indicate the positive or negative valence of different agencies to which attribution has been made. Whether the individual is going to delve in feelings of self condemnation and guilt or a sense of martyrdom at being brought to this situation by powerful others depends upon his attribution process. Lazarus (1957) opined that uncontrollability and unpredictability are important features of handicap situation. Lack of personal control or ability to predict is specially debilitating because it prevents the individual from developing expectancies for successful coping and adjustment.

One of the most important aspects of the environment is one's own body and its well being. Strickland (1974) has also accepted locus of control as a significant factor with dramatic implications that it offers to both physical and emotional well being and adjustment. Lipp, Kolstoe and his associates (1968), found that externally oriented subjects were less denying of their disability than were internally controlled. This finding is consistent with the logic expressed by Bioler (1961). According to him externals are not capable of having feelings of inferiority, because they do not see themselves responsible for their success or failure. According to this study, externally controlled individuals may manifest satisfactory adjustment as they do not feel that they are responsible for their condition, it is all due to luck, chance and will of God. Then why be ashamed, and they show better adjustment and on the other hand internally controlled handicapped persons, who by definition believe that their condition and failures in this world is a result of their own doings, may feel guilt ridden and blame worthy. However, our findings have indicated that as compared to externals, internally

oriented subjects manifest good adjustment. An element of control of self over managing their circumstances, which is a component of internality, appears to influence adjustment. Thus two aspects of handicap may be identified - the causality of its occurrence and the causality of its management. Most studies which have brought out a relationship between externality and adjustment have been referring to causality of occurrence, probably Bioler's study and Strickland's observations falls in this category. In our study the relationship of internal locus of control with adjustment is reflective of their sense of control over their present situation. A status, over which they had no control, has been accepted, but exercising their own potentialities and interventions with conviction that they can manage their present is an aspect of internality which contributes to their adjustment.

Along with other important variable, the major needs studied by the researchers are the need for achievement, need for affiliation, need for aggression, need for dominance and need for abasement. Need for achievement and affiliation are positive needs whereas need for aggression and abasement are negative needs in the individuals behavioural world. Dominance need is conceptualized as a moderate one, if it is not excessively depicted by the individual and reaches to the extent of tyranny. All these needs play an important role in the life of man, particularly in the individuals who has some disability.

Need for dominance amongst the orthopaedically handicapped is also a potential and dynamic indicator of adjustment. The dominance need has to do with human power exerted, resisted or yielded according to Murray, 1938. We all know that people have a desire for dominance over others. Some individuals due to some reasons are powerless and cannot exert control over other individuals or the course of events. A handicapped individual is different in the pathological sense from the normal. The feeling that he is less capable, perhaps less appealing physically and different from normal peers gives rise to a sense of condemnation, frustration and inferiority. Such thought processes produce an inordinate amount of conflict and

anxiety and finally may strengthen a reaction which may be called domination, which is supposed to be an attempt to overcome all these feelings of inferiority. On the other hand, the handicapped status may lead the child to be more malleable, affable and less dominating. Showing domination may alienate others, make him less popular. He prefers to be 'good' and obedient, trying to get approval. This approval is likely to give him some degree of positive feelings, contributing to adjustment. The negative predictive value of dominance is indicative of this and this is borne out by further analysis discussed later (Table-16) in which need for dominance has been found related to levels of adjustment in a similar manner.

Need for achievement is another important need studied by the investigator as it is directly related to adjustment. The success and failure of an individual is a parameter of his adjustment to his immediate situational environment. The present research also upholds that the need for achievement is an important predictor of adjustment along with other needs.

It is generally agreed that the individual's motivational pattern is the result of gradual building of superstructure on the innate and primary foundation. Handicapped individual's experiences, his reinforcements and constraints, his feelings of inadequacy and societal reactions are distinctive and unique to him. In what manner the various experiences are found to affect his patterning and organization of needs deserves to be investigated.

The study of Bioler (1961), expresses similar view. According to him the experiences which a handicapped child is forced to undergo in various situations, the impact of the handicap itself on sense of achievement makes it imperative that this need should be particularly investigated. Strassberg (1973), opined that we should accept that more intensive investigation is needed to be conducted before we can draw conclusion regarding the need for achievement,although,it has probably been studied more than any other motive. It is an important drive for the self reliant human being, particularly with regard to the handicapped person who

has to prove his worth even to himself. Amongst the disabled children, we may note that motivation may have distinctive ramification as compared to the non handicapped. In our study need for achievement was found to have a positive predictive relationship with adjustment of orthopaedically handicapped children. Hewett (1960), presented an approach for the children with special needs and to educate them for the achievement of their goals and the consequent satisfaction. The assumption was that adjustive problems represent inappropriate learning and that the child can be helped when his observable behavior is modified. It can be accomplished by manipulating child's immediate environment. This fact must be taken into account in planning a conducive environment for handicapped children so that need for achievement is fostered and they experience enhancement in self worth and ultimately self actualization.

Parental attitude, more specifically mothers' attitude has emerged as a significant predictor of adjustment for children with disabilities. Parents perhaps are the basic source of a child's development, growth and overall adjustment. The positive and loving attitude gives a child warmth, affection, approval, security and understanding. A child needs a reasonable degree of acceptance and encouraging attitude from parents to lead a quality life ( Kelley and Wellestrain, 1976). This has been borne out by a large number of empirical findings that the affectionate and accepting attitudes of the parents promote secure attachment and positive outcome in children (Deminzi and Maria, 2006).

In our findings, both the parents were studied separately to get a vivid picture of parental attitude of those children who are somehow different from the general population due to their handicapping conditions. It was expected that parental attitude would definitely influence their adjustment. Results obtained through step wise regression depict that only mother's attitude is a significant predictor of adjustment although father's positive attitude has been brought out as a factor of importance in our other analysis (Table-2).

The two distinctive roles of parents include both mothering and fathering. The child bestows both on mother and father, together or independently, the responsibility of his/ her upbringing. It is important to note that most of the children have a fairly definite clear cut concept of 'father' which differs markedly from their concept of 'mother' (Meltzer, 1943). Therefore it's important to study fathering and mothering separately as well as parenting as a whole.

The role of mother is unique as no other person has the opportunity or privilege for the type of interaction which the mother has with the child. If the mother does not supply sufficient security and affection then the child becomes aggressive and demanding, self centered and maladjusted. For a child mother is "unique without parallel" and several researches have been conducted and they have shown that the attitude and role of mother is significant during the early stages of life. The disabled child has to be accepted first by his/her parents, most importantly by mothers, then by others. Parent's acceptance and positive view gives the child with the disability encouragement and instills in him a sense of redemption.

Many researchers have studied feelings of affiliation as a function of adjustment. It is clear that intimacy and feeling of affiliation are important variables particularly for those who are handicapped. The physical disability can be limited by reducing architectural barriers and overcoming devaluating social attitudes. Supportive attitude of family, friends and professionals as well as opportunities for satisfactory living offered by the community, facilitates the person's efforts to come to terms with the disability and adjust with it in the social surrounding. The handicapped are not raised in total isolation and even mild form of deprivation may produce developmental and adjustmental delays. Beirman (1987), supported this view with his finding that observable delays are found due to less expressiveness, improper responsiveness and low skills of cooperative and affiliative behaviour.

In our study need for affiliation was found to have a positive predictive relationship with adjustment. This is in keeping with the major theoretical

formulation in this regard. Further analysis reported in Table 14 also confirms the importance of this need for adjustment. The findings of this research are in consonance with theories of Ashler and Gazella (1999), that peer acceptance, participation and friendship each contribute to children's adjustment. Man and Hamid (1998) also opined that subjects with preoccupied, dismissing and fearful attachment styles were lower in self esteem and social and community adjustment.

An important result obtained was that the need for abasement has a significant negative predictive relationship with adjustment. It was conceptualized that the disabled children who were the focus of our present study would be drastically influenced by the handicap. Thus they may develop inferiority within themselves due to their bodily image as well as others reaction to it. Adler's (1915), theory of 'organ inferiority' interpreted that physical disability is a source of feeling of inferiority which gives rise to need for abasement. It was therefore expected that this feeling of inferiority may give rise to a higher need for abasement among handicapped children and this would predict adjustment. The negative beta value indicates a negative prediction relationship with adjustment namely those who are adjusted will have a lower need for abasement. This finding does not contradict Adler's conceptualization which points to presence of abasement need amongst handicapped persons in general. Those handicapped who have arrived at acceptance of their handicap and have reached through their efforts and the conducive environment created by others, a stage called 'adjustment' may not necessarily experience a high need for abasement. Our analysis, reported in Table 17 also substantiates this point clearly.

Need for aggression was not found to be a significant predictor of adjustment. Aggression occurs when the unfulfilled need which is frustrating to the organism is unbearable and involves some strong and negative reaction. For successful adjustment an accurate analysis of source of the difficulty is required.

Wright's (1973), study on the need for Aggression is relevant to this research. Wright described physically disabled individuals feelings through the description

of how an undesirable fact may be constructively accepted into the self concept. Amongst the handicapped, suppressed aggression is often exhibited on others who are not responsible for creating the frustration situation. Specially handicapped children who may face humiliating attitude of others and also encounter failures in life situation due to their disability, may manifest aggression. Thus they may project their aggression to others who are not actually responsible for either for their condition or failure. We had expected that this need would predict adjustment negatively, that is presence of aggression would lead to poor adjustment but it was not found to be so. One possible explanation of this could be that all our subjects were receiving very constructive inputs from the institution in which they were registered. The regimen involved a process in which their particular talents and potentials were encouraged, so they had a reasonable good opportunity to taste success. It is likely that this environment helped to limit their aggression.

Genders, as well as inborn and acquired status, were also not significant predictors of adjustment. Regarding gender, it has been felt that considering differences in attitude towards and expectations from female child, status of gender would be a predictor of adjustment. The fact that this was not so reflects a leveling of the discriminatory attitude towards female children as a result of which the male and female children had similar experiences regarding adjustment. On the basis of earlier studies it has been hypothesized that inborn and acquired status would be a predictor of adjustment. The fact that this was not so, contradicts our conjecture, that having experienced life in a non handicapped status drastically affects the child when the deficit is acquired. Other experiences may influence the handicapped child's adjustment, but inborn acquired status does not.

Sociologist and psychologist believe, and common sense supports them that there is a tendency for people to form complete impression of other's on the basis of level of adjustment. There is also that tendency to evaluate others in a consistent or global manner so that the impression others make on us is seen as framing coherent totality. In the last few decades, researchers have become fascinated with

the details of how we interact and perceive the outcome and finally how we adjust to the world around us. In this context we can say that investigation of the adjustment of physically disabled people is never very easy. Therefore, other then step-wise regression analysis, the researcher also conducted further analysis in which differences in mean scores were discussed.

Keeping in view the importance of parents in the child's adjustment, the researcher investigated the effect of attitude of fathers and mothers of the orthopaedically handicapped children on their adjustment. Rather than studying parental attitude in terms of micro-components, researcher had studied it in terms of positive – negative dimension, which was expected to give a more meaningful and holistic picture of the phenomena.

Although in step wise regression, father's attitude did not emerge as a significant predictor, when children having positive fathers were compared to children having negative attitude fathers on adjustment; children with positive attitude fathers were found to be higher on adjustment than those negative attitude fathers (Table-2). Similar results were obtained when children with positive and negative attitude mothers were studied on adjustment process. It was found that children with positive attitude mothers had higher adjustment score than children with mothers having negative attitude (Table-3). Mother's attitude had been a significant predictor of adjustment in regression analysis while father's attitude had not. Mother's role is thus contributive to adjustment from many aspects but father's role cannot be set aside.

When we think about parenting, it refers to responsibility of mothers and fathers together or independently to prepare the child to adjust in a particular society and culture (Veeness,1973)which provides ample opportunity to a child to find his roots, continuity and a sense of belongingness (Sirohi and Chauhan(1991).They both serve as effective agents of socialization. Though parental attitude towards the child has received great attention in socio-psychological researches, but how

child perceives, remains a neglected phase (Bhardawaj, 1996). Our results also suggest that more focused work on this aspect is necessary.

The role of parents emerged of supreme importance. Although, parents have a natural love for their offspring's yet some non deliberate acts of omission may disturb and demoralize the child. Parents need to understand this, particularly with regard to disabled child. The disabled girl needs to be treated with great empathy and understanding. The disabled children as they grow older need to be attended because together with problems arising out of their disability, problems associated with adolescence compound their stress. This aspect need to be taken cognizance

Researcher has undertaken an important dimension for studying the specially able children that is 'locus of control'; which refers to the tendency to perceive reinforcement as emanating either within or without. In this way externals and internal orientation is defined the life event. The investigator probed into the world of handicap and how various determinants of personality influence the adjustment of physically challenged children. Due to the fact that in the handicapped individual the personality correlates may have interesting ramification, it is felt that an understanding of this variable would not only throw light upon the behaviour of handicapped individual but would help concerned people to evolve strategies that would contribute to a sense of well-being, in place of guilt and anxiety.

The dimension of externality and internality is an important aspect of our relations with the world and with ourselves. For the handicapped, it is a dimension of extremely importance because it affects life as a whole and indicates the positive and negative valence of different agencies to which attribution is being made. Above all, it is important to know that in what manner this affects a dynamic phenomenon like 'adjustment'. Therefore locus of control was studied by the investigator with reference to needs, gender, parental attitude and born and acquired status.

A highly significant difference was observed when externally and internally oriented handicapped children were compared in terms of adjustment (Table-4). The internally oriented were found to have greater adjustive skills than their counterpart (externally oriented orthopaedically handicapped children). Some researchers have found that externally oriented handicapped are better adjusted (Bioler, 1961). However, findings of Seeman and Evans (1967), Perk (1969) and Crandall (1965) indicated that internally oriented children are more effective and well-adjusted. Our findings also fall in this category.

Since psychologist must attempt to assess how far a child's opportunity for growth and development have been affected by the actual handicap and also by the secondary or associated handicap, including environmental factors in the child's family and social experience, the researcher had included in the sample children who were born with handicap visualized that there would be difference in adjustment pattern of the born (congenital) handicap and acquired handicap individual. This conjecture was based on findings that experiences in early life, body image conceptualized; early social learning influenced the personality of a child. Thus, those born without a handicap experience a state of normal activities, particular level of expectations from themselves and develop self concepts and views about future as non handicapped individuals. The traumatic change of handicap may likely affect them and their adjustment. However our findings indicate that no difference exists in the adjustment of the inborn and acquired handicapped group (Table5).

Neither in the step wise regression was any of these factors significant predictors, nor in our analysis of mean scores and t values was any difference observed. Since the sample understudy consists of children who are still small and those who acquired the handicap did so very early in life, they may have not fully formed their self concept, schema about future and other important views. The researcher visualized that there would be difference in adjustment pattern of the born/congenital handicap and acquired handicap individual. But the result did not

support the hypothesis, instead the inclination towards adjustment was found to be better amongst the inborn orthopaedically handicapped children when compared to those who had acquired it at later course of life. If the handicap is acquired at a later course of life, the process of personality development will have a very different affect as problems will arise because the individual had tasted unhampered life and now has to accept these limitations and may need drastic readjustment and reorientation. The newly handicapped person will find his earlier habit pattern inadequate and the new threat may serve to uncover tendencies that were earlier dormant.

Gender is a reality, not merely in terms of sex differences, of being male and female but in terms of experiences to which one is exposed to, the societal expectancies, roles and prejudices which exist. With awareness and social change together with increasing self sufficiency among females, some degree of leveling out has definitely taken place in the Indian society. Educational as well as other agencies are not behind in giving active help for women.

For the disabled the picture is different. Although orthopaedically disabled girls constitute a group that experiences many problems yet no differences emerged in mean value of adjustment of boys and girls, since value of t was not significant (Table 6). Thus, neither in step wise regression nor in comparison of mean value was gender found to play a significant role in adjustment.

However, males were found to be comparatively higher in their adjustment with the world around them. It has been observed that in one working and both working families, wives experienced less adjustment and more loss of well being. But husbands in both type of families experienced better social support and approval and so were better adjusted. This confirmed to the researchers point of view.

The different societal roles and expectations are to a great degree responsible for this. Differently abled girls and differently abled boys are likely to be viewed in different ways by parents. For boys, concern about future in relation to job may be

of greater priority, with worry about marriage, etc.coming next. This order may be reversed in case of girls. When such concerns are reflected in parents' behaviour towards children, it influences the children to a great degree. However, our results reveal no difference in adjustment in terms of gender. It cannot be denied that sensitization and awareness about gender issues may be playing their part in leveling out differences in attitude towards girls and boys and therefore, bring them on a common platform on issues like adjustment.

Result obtained from Table 7 & 8 shows a significant difference between children of positive and negative attitude fathers and mothers in terms of locus of control. Children with positive attitude fathers were inclined to be internals much more frequently than externals and children with negative attitude fathers were showing more externality slightly more than internality. The result obtained was in the expected direction as children with positive attitude father would be more self reliant and better adjusted. A similar result was obtained incase of mothers of orthopaedically handicapped children. Children with positive attitude mothers were showing an internal orientation more frequently whereas children with negative attitude mothers were found to be externally oriented slightly more frequently.

An internal orientation seems to imply an active and controlling approach to life. By definition an internal is one who approaches situation with a more directive posture than externals. The study of Davis and Phares (1961) also confirm to our line of study. Children with internally oriented born and acquired orthopaedically handicapped children do not differ significantly when compared on locus of control scale (Table 9).

A significant difference was seen between males and females on external and internal dimensions (Table-10). It was observed that females fall predominantly in the category of internality. The study of Rakech and Amiram(1982), have obtained a similar result on the study of male and female in relation to locus of control and

other behavioral patterns. Parson and Schneider (1974), found small differences in men and women. This indicates sex role stereotype.

Table 11 depicts that children with positive attitude fathers differ significantly from children with negative attitude fathers on n-aggression-affiliation n-dominance and n-abasement. Need for affiliation amongst handicapped children was found to be influenced by the children with positive and negative attitude fathers. It was observed that amongst children with positive attitude fathers, high need for affiliation was observed more frequently whereas amongst children with negative attitude fathers, there was greater occurrence of low need for affiliation.

The first few years of a child's life are critical in the development of social skills and attitude for affiliation (Miller, Murray and Brody, 2005) and we all know that mother is the most significant figure in these years of a child's life. Bor and others (2003) suggested that maternal negative attitude towards infant at six months is an independent predictor of child's behavioural problem at later stages. Their finding lends support to the concept of a sensitive period in early infancy. Findings of Shiner (2000), supported the above findings and said that young children who feel confident in exploring their social environments are able to learn positive affiliative skills through social interactions, but those who are reluctant to explore their social environment are less likely to have positive social skills, such as cooperativeness, friendliness and sociability.

Need for dominance is considered to be neither positive nor negative need in motivational pattern of individuals. Interestingly, children with positive attitude fathers were greater on need for dominance. Dominance is an important dimension in the analysis of adjustment. This motive may be considered disposition directing behavior towards satisfaction contingent upon the control of the mean of influencing another person. As Veroff (1957), suggested that the mean of control can be anything that can be used to manipulate others. Perhaps the need for dominance is not affected by the source or agency to which the handicapped is attributing the realization and cognition of the deficit, which is common factor for

both the groups. On other needs where significant difference was found, it was observed that in need for aggression, children with positive attitude fathers were less in frequency and high on aggression; whereas children who had father with negative attitude were more frequently high on need for aggression. Fathers attitude and aggression need both were not found predictors in step wise regression (Table1.1&1.2), but they showed differences when they were compared at the level of adjustment and where children with positive and negative attitude of fathers were compared on n-aggression (Table 11&12), showed the results.

In our society males are more aggressive and dominant in comparison to female child. Therefore, fathers attitude which reflected more aggression and dominance towards their spouses and children induce the same pattern among their offsprings. Children with handicap revealed their negative feelings towards such behaviour of father by compensatory reactions such as showing aggression and dominating others. Bates, Maslin and Frankel (1985) researched on children with difficult temperament suggest successful social functioning does not drive the characteristic of children of parents alone. It drives from how well the child's and parents characteristics are matched and supported by the context in which they both interact (Crockenberg and McClerskey, 1986). The development of aggressive behaviour is related to characteristics of both children and their social environments. Unpredictable children are often raised by mothers who tend to be more aggressive, less nurturing and less responsive than mother of easier children. Vaugh, et.al.(1981) suggested early aversive transactional setup and maintain a conflictual interactional pattern that contributes to child's ineffective parental discipline and child and parental anger within and outside the home (Patterson and Reid,et.al,1992)

Results obtained from the study of need for abasement amongst the disabled children with positive-negative attitudes of father showed a significant difference which indicates that children with positive attitude fathers were revealing low need abasement whereas children with negative attitude fathers showed greater

frequency in high abasement. This finding can be explained within the same theoretical framework as our discussion given for step wise regression analysis.

Positive and negative attitude of mothers of orthopaedically handicapped children mothers were also compared on need- achievement, need -affiliation, need - aggression, need dominance and need abasement. It was found that children with positive and negative attitude mothers were influenced significantly by two needs viz; need for affiliation and need for abasement (Table-12).The frequency of children with negative attitude mothers were found to be greater on need for affiliation. On need for abasement, somehow a similar result was observed that is mother's negative attitude was greater on abasement need.

It was expected to obtain a result that would predict significantly need for achievement amongst those children with positive and negative attitude mothers. Contradictory to our expectations results were not in favour and raised a question of why mothers with positive and negative attitude could not influence need for achievement amongst their children. The researcher tried to get the answer by looking back at the sample which consisted of handicapped children where most of them had come from uneducated, rural background and from low socio-economic status. Therefore, it is felt that mothers from such background might shower their love and affection and could provide extra protection but they might not motivate their children to move and explore the world and realize their strengths and weaknesses, so that they could achieve success with their residual capabilities. Such mothers had probably given their hopes for their children as soon as they come to know that something is different with them. Brostein (2002) and Russallem (1998), expressed their view that both positive and negative motional expressions and conflictual interactions are more likely in mother-child relationship than father-child relationship.

This area of investigation is still undiscovered, a 'grey land' needed to be discovered and cultivated with future researches. In present result, two opposite needs i.e. need for affiliation and need for abasement were found significant. As

far as n-affiliation and n-abasement are concerned mothers of such children bestow extra love and affection and at the same time, they give up hopes for betterment. Probably, two opposite needs were found to be influencing.

When orthopaedically handicapped children were compared on different needs studied by the researcher on three level of adjustment viz; high and low; high and moderate and moderate and low, it was found that orthopaedically handicapped children differ significantly when high and low adjusted children were compared on their striving and accomplishing capabilities (Table-13). And more, interestingly, the highly adjusted subjects showed higher level of achievement need for striving to get success in a relatively adverse condition of their lives. When subjects of high and moderately adjusted; and moderately and low adjusted children were investigated no significant difference was obtained. The overall picture depicts clearly that highly adjusted were best in their efforts to achieve success to accomplish their worth than moderately adjusted subjects. And subjects with low adjustment capacity were at the lowest position as far as achievement need is concerned. The picture obtained in the above level of comparison supports the view that high adjustment is found in subjects with achievement needs.

With regard to need for affiliation, it was found that this need was high in the highly adjusted group of disabled subjects. Thus, affiliation is an important aspect of adjustment among the disabled. People instinctively affiliate with others. We are social animals, and because of these inborn characteristics, we seek out others, form families and organize society. People affiliate because they have to in order to survive (Murray, 1938).Affiliation is a term which refers to association with others. Affiliative concern is also readily inferred from some statement of how one person feels about another or their relationship.Affilaition with others may in some cases be instrumental to the satisfaction of other needs, permitting the individual to use his interaction with others to attain personal goals. On the other hand, affiliation may also be thought as a quest for acceptance by others (Festinger, 1954).High and low level of adjustment and moderately and low level of

adjustment, were closely showing the difference amongst the orthopaedically handicapped children, while a non-significant difference was observed between high and moderate adjusted children (Table-14).Thus, skill for associating which is a social skill was found to be important for adjustment. Chances of having better affiliation need was observed.

Handicapped persons lead a life of challenges which leads to frustration when they are unsuccessful in meeting these challenges. To overcome this frustration, they may become aggressive. In our study, when high, moderately and low adjusted children were compared on n-aggression, then at the most prominent differentiating level, that of high and low children, a significant difference on this need was found (Table 15),which indicated this need was high amongst those who were low on adjustment.

Need for dominance emerged as a need which was found to be significantly different in all the three adjustment groups. When high, moderately and low adjusted orthopaedically handicapped children were compared on this need, the result suggested that the group better in adjustment was lower on this need (Table-16). It was also observed that children with low level of adjustment had a greater need for dominance. Social dominance represents manipulative power over others and is frequently regarded as a learned sociogenic motive (Horney, 1939). Dominance or prestige is directly dependent upon gaining the acceptance and approval of one's close associates. It is a compensatory reaction to disability probably that is why low adjusted children exhibited more need for dominance than highly or moderately adjusted children.

Abasement need was conceptualized by the researcher to be an important factor of an individual's adjustment, specially for handicapped children. The result obtained confirmed this view. The handicapped children were studied on this need at three levels of adjustment viz; high, moderately and low. Low adjusted handicapped children showed a greater need for abasement than those higher on adjustment.

This finding is in accordance with that of Mello and Gutheri,(1958),Fisher and Clivelland,(1968),Chauhan,(1980)and Alam ,(1983).

Motivation has been accepted as one of the most crucial factors which direct us towards reaching certain goals, sustaining our efforts towards arriving our destination, thus bringing about a positive change. The researcher found that locus of control, in which the handicap individual perceives his deficit, influences the motivational need, which spurs him on. It is relevant to point out that the concept of locus of control is an absolute unmodifiable variable and should be taken into account for study in the light of motivational aspect of an individual. It was explored that externality and internality did influence considerably the need pattern of the handicapped children.

Analysis reported in Table-18 showing how internals and externals differ on various needs. Internals and externals were found to be significantly differentiating on need for achievement and need for abasement. Results show that internals were higher on need for achievement in comparison to externally oriented subjects. Wiener, Mayer and Cook (1972), have opined that success leads towards the choice to engage in achievement effort which generates positive feelings. Similarly, belief in bad luck or lack of efforts is responsible for failure and the change is possibly towards externality. It is concluded that if one commonly attributes cause for outcome to one's personal characteristic, then outcome are self-relevant.

Externals were found to be higher on need for abasement than internals. Perhaps the feeling of being helpless against powerful others may lead to feeling of unworthiness and self-devaluation causing heightened need for abasement. As regard to need for abasement, it encompasses abasive attitude which means surrender, confession and self depreciation. Abasement need is intimately related to feeling of guilt and unworthiness.

Another very interesting finding is reported in Table-19.The born or acquired handicapped status had not emerged important as a predictor of adjustment nor in

further analysis conducted with regard to locus of control and father's , mother's positive-negative attitude, in the present context ,it was found that acquired handicap children differ significantly on n-achievement,n-affiliation,n-aggression and n-dominance. With children who were born with the handicap on two needs viz need for achievement and need for affiliation, acquired handicap were higher in comparison to born handicap. When compared, born handicapped were higher on need for aggression. Children with acquired handicap showed greater need for dominance. No difference were observed in need for abasement. Need for achievement depends on opportunity available to the child as well as his background. The acquired handicapped children were higher on their need for achievement which indicated that probably this motive was rooted in experiences which they had in the non-handicapped stage, prior to onset of disability. Higher need dominance and need affiliation amongst the acquired handicap group have their roots in positive experiences at the non handicap stage.

A significant difference between male and female in terms of need for affiliation, aggression, dominance and abasement was also found. In n-achievement, female scored significantly higher but in all other needs male subjects scored significantly high. It is usually observed that n-affiliation is higher in females, but our study revealed the different picture.

If the handicap is acquired at a later course of life, the process of personality development will have a very different affect as problems will arise because the individual had tasted unhampered life and now has to accept these limitations and may need drastic readjustment and reorientation. The newly handicapped person will find his earlier habit pattern inadequate and the new threat may serve to uncover tendencies that were earlier dormant.

As with all researches, the researches had started with certain conjectures and hypothesis. The research process is after all a testing of those hypotheses. It is essential that a detached and objective altitude be maintained by the researcher. Who should accept with humility that many of her hunches and conjectures were

not correct. When we before the research it was visualized that the factor of acquired and inborn handicapped is being externally significant which would predict adjustments among handicapped and also revealed interesting differences in other facets of behavioural study. However, by and large it did not emerge as significant factor, however it is important to take into cognizance that with regard to the motivational world of the handicapped it is an important factor, children's who had been born with the handicapped revealed differences is most needs when compared to those who had acquired handicap. It is appropriate to suggest that in further researches this should be investigated more thoroughly, testing into the situation age of onset, socio economic status, education, etc.

Fathers attitude also did not emerged as an important predictor although its importance was clearly depicted in other analysis conducted. Here, also many factors could have confounded the focal aspect of father's attitude-we made no differences in terms of occupation of fathers, some of whom may be falling in a category where their work took them away from home for long period and some who could be contributing to the family and children much more.

Gender was also not contributory factor. This is definitely one of those factors which are sociologically determinant then physiologically. A gradual effect of awareness and sensitization with regard to gender equality may were helped to level these differences.

At the end of the discussion, many doubts and queries have emerged out of the research. This an important contribution of any research because ultimately scientific research is a joint venture in which subsequent researches take up from where an earlier research has left. Gradually, the phenomenon becomes more and more clear and applications emerging out of researches can be implemented to contribute to society.

Disabled children come from different socio-economic strata, cultural background and these backgrounds may be influencing their adjustment. In order to study the impact thoroughly, variables like motivational pattern, external and internal

orientation, born and acquired status of handicap and gender difference is being studied. Since age of onset is also an important mediator in the phenomenon one can study its impact also in a more realistic manner.

Efforts should be made to identify maximum number of factors that account for adjustment of the handicap and the amount of variance by each variable may be explained. Creating awareness, about the disabled, is another responsibility of the people working in the area of disability. The handicapped individual is a apart of society and must function in the main stream (Sen, 1988). Assessing the potentialities of the disabled and giving vocational training in accordance with the disability must be the goal of psychologists and counsellors.

Schools should open their avenues for the disabled since orthopaedically handicapped does not usually have intellectual deficits. A school merely needs to provide facilities which are necessary for the mobility and comfort of such children. These facilities are mandatory, but most schools ignore this. This directive schools need to take cognizance and provide special educational provision, so that challenged children may come to mainstream. This will help the disabled and non disabled to develop a sense of working together with an attitude of caring and sharing which the spirit is of integrated education.

**Implications**

The focus of the research has been on the adjustment of the orthopaedically handicapped children. In this context, how handicapping a disability is depends upon the characteristic of the person's environment. These can be reduced by overcoming devaluating social attitudes and by providing educational and training facilities. Supportive attitude of family, friends and professionals and opportunities for satisfactory living facilitate the handicapped person to come to terms with the disability.

Unfortunately, the burden of coping with the disability rests on the disabled individual's and their families alone. Also negative attitudes and behaviours are directed towards the disabled by non-disabled peers. These behaviours contribute

to "pathological" interactions, limit the social experiences available to the disabled and possibly inhibit subsequent social adjustment.

A social support system approach is needed that focuses on education and treatment efforts on the broader special context rather than the individuals (Dunst, Trivette and Deal,1988).Informal sources of support like extended family, friends, religious groups, neighbours and social clubs are more effective than formal sources like professional and agencies in the adjustment of the disabled person.

A majority of physically and mentally handicapped children possess aptitude and abilities which when develop by proper education and training can make these children socially and economically competent. To every child we owe the opportunity to develop to the maximum of his capacity. It is our duty to see that the handicapped children have this opportunity, as a matter of right and fairplay in order to protect them against dependency, pauperism, frustration and delinquency.

UNICEF has a programme called "child friendly schools" which require a certain number of changes to school curricula and buildings so that disabled people can use them easily. In India, to make the education system more effective, government has promised to include disabled children in all its education programmes like the Sarva Shiksha Abhiyan and the Integrated Child Development Scheme (ICDS).

The old approach of viewing persons with disabilities as "objects" of charity, medical treatment and social protection needs to be abandoned in favour of one that facilitates the bringing of these individuals into the mainstream of social existence. Disability, simply, is diversity. It means the right to live with dignity and equal opportunities.

On the day Taare Zameen Par, won the national award for being the 'best family welfare entertainment film". Prime Minister Manmohan Singh authenticated the need for an attitudinal shift towards persons with disabilities. "I found in each one of them (persons with disabilities) a determination to live productive lives and make their individual contributions to society. We should give them every possible

opportunity to do so. They need equal opportunities as equal citizens with special needs", he said.(Hindustan Times,2008).

There have been felt a need to teach disabled children's parents how to become an effective supporter for their child so as to empower them to be more successful and knowledgeable about legal provisions and schemes. Informed, supportive families are better able to make good decisions for their child. The needs for adjustments for a disabled child are best summarized by child development Specialist Barbara Kolucki, "Every infant, disabled or not, can benefit from nurturing and stimulation of these senses. The more a child is spoken to, sung to, read to, danced with, exercised, played with, encouraged to explore in a safe environment, the more the brain and body will develop".(RI/UNICEF, One in Ten, Early Intervention for Children with Disabilities,1999).

Concerning children with disabilities, the view that the earlier concentrated attention is given to a problem, the greater the chances for reducing or reversing its impact. World wide attention is now given to infant stimulation and low cost early intervention techniques with all disabled children.

**Strategies**

- Physically handicapped children long to be normal and be seen as normal as much as possible. Focus on what they can do at all times.
- Capitalize on the child's strength. These children too need to feel successful
- Keep expectations of the physically handicapped child high. This child is capable of achieving.
- Never accept rude remarks, name calling or teasing from other children. Sometimes other children need to be taught about physical disabilities to develop respect and acceptance
- Never pity the physically handicapped child. Instead make adjustment and accommodations whenever possible, to make him participate in everything.

- As a parent or a teacher spend time with the child, specially one to one time, to make sure that he/she is aware that you are there to help when needed.
- Compliment appearances from time to time, its good for the child's self image.

## Suggestions for further Research

The researcher accepts with open the limitations of the research. This openness of mind permits some suggestions which can initiate more meaningful work in this area.

1. One important aspect which should have been taken into consideration was giving consideration to socio economic strata from which the children come. This background is definitely an important part of a child's reality world. The facilities available to him and the impact of his disability on the family depend to a great degree on socio economic status. Parents who can afford to give special equipments required by the child, more attention from special teacher which may require high cost will create motivations, attributions and attitudes different from those who can not.

2. With regard to parental attitude educational level of both parents, their education should be taken into consideration. The attitude of educated mothers and fathers may possibly be different from those without high education. In the same manner in terms of nature of occupation of mother and fathers, the attitude towards handicapped may be influenced. This factor most be considered.

3. Another important consideration should be taken is extent of disability. Although the nature of the disability studied in this case range from very high to lesser. This variable should have been a part of analysis. It is suggested that in future studies, nature and extent of disability should also be taken into consideration.

4. Since it is often found that together with physical disability some form of mental or emotional problems may be found. It is important that emotional and mental state of subjects should also be taken into consideration.

5. With regard to inborn and acquired status, the age at till which the child had enjoyed non- handicapped status should also be taken into consideration. This is bound to influence drastically his self and body image, aspirations, subsequent disappointments, etc.

Undoubtedly, the field is very vast. This was a humble attempt made by the researcher but the area is not only fertile for study its is also an area in which social scientist with commitment to disadvantaged groups and society of large must concern themselves.

# Chapter-VI

# SUMMARY

The concept of disadvantaged group had always been understood and appreciated, but at different points of times, terminologies underwent a change. The individual with handicap has been referred to as 'differently-abled', 'challenged', 'specially-abled' etc, apparently to rise above the stigma of the word 'handicap'. However the term handicap is being used by the present investigator without any negative implications or undertones. In reality all of us have some handicap. Definitely, 'differently abled', is a more sensitive term but the usage of the term 'handicap' in the present study is without any intention to undermine the importance of this group of our fellow human beings.

To study the disabled child is a complex process because discovering something of the child's back ground and opportunity available to him requires special knowledge as well as well as sensitivity. The effective development of intellectual skill depends not only on genetic potential and appropriate environmental experiences but also motivational forces within the child impinging on him in the form of parental encouragement and attitudes. Therefore, it is meaningful to probe into the world of his motivational forces, causal attribution and parental inputs which may help inevitably to solve the problem of adjustment effectively of these special children.

India has about ***forty to eighty million*** people living with disability; among them thirty percent of them are children below the age of fourteen years. According to an estimation, population with disability of this millennium is about over 90 million ,of these ***twelve million are blind, twenty nine million are with low vision, twelve million are with speech and hearing defects, six million orthopaedically handicapped, twenty four million mentally retarded*** *and* ***eight million*** are ***mentally ill.***

Adjustment was originally biological one and was concerned with adaptation to physical environment for survival. Adaptation to physical environment is, of course, a person's important concern, but he has also to adjust to social pressures and demands of socialization that are inherent in living interdependently with

other persons. There are also the demands from a person's internal nature, his physiological needs like hunger, thirst, sleep, sex, elimination, etc. and psychological needs like needs to belong to get esteem, to self actualize, to get in combination and in interactive fashion that influence the psychological functioning and adjustment of person.

The problem of adjustment is both internal and external and is related to arising at a balance state between the needs of the individual and their satisfaction. Adjustment is a relative term; opposite of adjustment is maladjustment. Life presents continuous chain of struggle from fear of maladjustment to satisfaction of adjustment.

The process of adjustment is complicated because a person's interaction with one demand may come in conflict with the requirement of another. Conflict can arise either because two internal needs are in opposition, or because two external demands are incompatible with each other, or because an internal need opposes an external demand. Conflict presents special problems of adjustment. Satisfaction of one need as opposed to other needs may not provide full satisfaction. On the other hand, failure to gratify a strong need or to respond to a strong external demand may result in painful tensions. These tensions can disturb psychological comfort, produce physical symptoms, or result in abnormal behaviour.

Social and cultural adjustments are similar to physiological adjustments. People strive to be comfortable in their surroundings and to have their psychological needs (such as love or affection) met through the social networks they inhabit. When needs arise, especially in new or changed surroundings, they impel interpersonal activity meant to satisfy those needs. In this way, people increase their familiarity and comfort with their environments, and they come to expect that their needs will be met in the future through their social networks. Ongoing difficulties in social and cultural adjustment may be accompanied by anxiety or depression.

Of all the forces in the process of socialization, the family or whoever cares for the child is most instrumental in molding the infant's developing behaviour. The infant is affected by personalities of parents, with their expressed and unexpressed personal needs, wishes and fears. The strength and weaknesses of parents as individuals plus their attitudes toward each other are part and parcel of the primary culture which molds the child's early behaviour patterns. The single most powerful factor in the personality development of child is the happiness and stability of the home in which he spends his early years. A happy and stable home is one in which there is affection and consideration among the members for each other, one in which individual members are emotionally secured in mental health.

Parenting as the style of upbringing refers to a privilege or responsibility of mother and father, together or independently to prepare the child for society and culture (Veeness 1973,a), which provides ample opportunity to a child to find roots, continuity and a sense of belonging (Sirohi and Chauhan, 1991), and also serves as an effective agent of socialization. Though parenting as a perception of parents own attitude towards the child, has received great attention in socio - psychological researches, but how child perceives his or her parenting has remained a neglected phase of research (Bharadwaj, 1996). The child's perception of parental attitude towards himself is crucial in the dynamics of behaviour and may open new avenues of research for deeper problem in the domain of parent child relationship.

Parents perhaps are the basic source of well-being of the disabled. He or she should be accepted by showing the positive attitude first by his family, and most importantly by parents then by others. Parent's acceptance and positive view gives children with disability encouragement and instills in them a sense of redemption.Positve and accepting attitude is very important for preventing insecurity in a child with disability. Love, patience and understanding at home level are most important. Positive and accepting attitude is very important for preventing insecurity in a child with disability. It gives a sense of security,

belongingness, love and increases, child's self confidence and self esteem, and makes him competent.

Some individuals develop unshakable belief that valued reinforcements occur only by chance, and that men are not the masters of their fate. In contrast others may strongly believe that a human being gets his due desserts and that he himself is responsible for his fate. The fatalists perceive no contingency between action and outcomes while those espousing internal control beliefs readily perceive such contingencies. Internals have been found to be more perceptive to and ready to learn about their surroundings. They are more inquisitive, curious, and efficient processors of information than are externals.

Individuals with a high internal locus of control believe that events result primarily from their own behavior and actions. Those with a high external locus of control believe that powerful others, fate, or chance primarily determine events. Those with a high internal locus of control have better control of their behavior, , and are more likely to attempt to influence other people than those with a high external locus of control; they are more likely to assume that their efforts will be successful, and are more active in seeking information and knowledge concerning their situation.

It is generally agreed that the complex pattern of human behaviour is the resultant of a gradual building of superstructures on the innate primary foundations. The whole canvas of experience of the handicapped, his reinforcements and constraints, his feeling of inadequacy and societal reactions to inadequacy, are distinctive and unique to him. In what manner the various strands of his experience are found to affect his patterning and organization of needs and motives, deserves to be investigated.

The following hypothesis is being formulated by the researcher.

1. Parental attitude, locus of control, needs, gender, inborn and acquired status of handicap predicts the adjustment of the orthopaedically handicapped children.

2. Orthopaedically handicapped children with fathers having positive attitude are higher on adjustment than children having fathers with negative attitude.
3. Orthopaedically handicapped children with mothers having positive attitude are higher on adjustment than children having fathers with negative attitude.
4. Internally oriented orthopaedically children are higher on adjustment than externally oriented orthopaedically handicapped children.
5. Children born with orthopaedically handicapped children will differ in adjustment from children who have acquired the handicap.
6. Male and female orthopaedically handicapped children will differ on adjustment.
7. Children with fathers having positive attitude will differ from having fathers with negative attitude on Locus of Control.
8. Children with mothers having positive attitude will differ from having mothers with negative attitude on Locus of Control.
9. There will be difference between orthopaedically handicap children who are born with handicap and those who have acquired the handicap on Locus of Control.
10. There will be difference between male and female orthopaedically handicap children in terms of Locus of Control.
11. Children with fathers having positive attitude will differ from children having fathers with negative attitude on needs:
    i. Need for Achievement
    ii. Need for Affiliation
    iii. Need for Aggression
    iv. Need for Dominance.
    v. Need for Abasement

12. Children with mothers having positive attitude will differ from children having mothers with negative attitude on needs:

    i. Need for Achievement
    ii. Need for Affiliation
    iii. Need for Aggression
    iv. Need for Dominance.
    v. Need for Abasement

13. High, Moderate and Low adjusted orthopaedically handicapped children will differ on needs:

    i. Need for Achievement
    ii. Need for Affiliation
    iii. Need for Aggression
    iv. Need for Dominance.
    v. Need for Abasement

14. Internally and externally oriented orthopaedically handicapped children will differ on needs:

    i. Need for Achievement
    ii. Need for Affiliation
    iii. Need for Aggression
    iv. Need for Dominance.
    v. Need for Abasement

15. Children with born (congenital) and acquired handicap will differ on needs:

    i. Need for Achievement
    ii. Need for Affiliation
    iii. Need for Aggression
    iv. Need for Dominance.
    v. Need for Abasement

16. Male and female orthopaedically handicapped children will differ on needs:

i. Need for Achievement
ii. Need for Affiliation
iii. Need for Aggression
iv. Need for Dominance.
v. Need for Abasement

The main result of the study are given below

1. Stepwise multiple regression of the data showed that six variables viz. locus of control, Need for affiliation, Need for Dominance, Mother's attitude. Need for achievement and need for Abasement emerged as predicators of adjustment of orthopaedically handicapped children.
2. Significant difference was found on adjustment scores of children with positive and negative attitude fathers and mothers. Both. the result showed significance difference existed between internally and externally oriented orthopaedically handicapped children.
3. Significant difference was found on locus of control scores of orthopaedically handicapped children with positive and negative attitude fathers and mothers.
4. There was no significant difference between born and acquired orthopaedically handicapped children on locus of control.
5. A significant difference between male and female orthopaedically handicapped children on locus of control.
6. Significant difference was found among orthopaedically handicapped children with positive and negative attitude father on four needs viz need for affiliation, need for aggression, need for dominance and need for abasement.
7. Significant difference was found among orthopaedically handicapped children with positive and negative attitude mother on need for affiliation and abasement.

8. Significant difference was found between high and low adjusted orthopaedically handicapped children on all five needs.
9. Significant difference was found between internally and externally oriented orthopaedically handicapped children on need for achievement and abasement.
10. Significant difference was found between born and acquired orthopaedically handicapped children on need for achievement, need for affiliation, need for aggression, need for dominance.
11. Significant difference was found between male and female orthopaedically handicapped children on need for affiliation, need for aggression, need for dominance and need for abasement.

The main purpose of identifying predictors of adjustment amongst orthopaedic handicapped children is to understand the dynamics of adjustment in this group, so that some intervention and mediation can be contemplated. Locus of control, need patterns and parental attitude are all factors that can be given direction to a greater or lesser degree. Of the above variables, parental attitude can be modified to a great extent through counseling of parents. Since both fathers and mothers have concerns and attachment for their offspring there is great likelihood that maximum efforts and responses will be forthcoming. It may not be easy to bring a change in motivational pattern but focused counseling has been found to bring some degree of change in this aspect also. Developing a perspective of exercising control through our own efforts in handling problems rather than waiting for powerful others to perform this job for us is also an attitude which can be built up through appropriate procedure. Providing experiences to children that foster a sense of self efficacy and control would be an important step in this direction.

Many doubts and queries have emerged out of the research. This an important contribution of any research because ultimately scientific research is a joint venture in which subsequent researches take up from where an earlier research has left.

# REFERENCES

Abramson, L.Y., Seligman, M.E.P, and Teasdale, J.(1978) Learned helplessness in Humans. *Journal of abnormal Psychology,* 87, 49-74.

Agnes,M (1993). *Journal of School Psychology International,*. 14(3), 239-254.

Aijaz,A and Kureshi,A(1984). Scale to measure needs.Department of Psychology,A.M.U.Aligarh

Allen, K.E. and Bender, M. (1961). Teaching moderately and severely handicapped .(I ). Baltimore: Univ. Park Press.

Anderson, D.W. (1982). Lock Haven. U. College of Education, *Journal of Visually Impaired,*78 (5), 206-210.

Ansbacher,H.L. and Ansbacher,R.R.(1956). The Individual Psychology of Alfred Adler. New York: Basic Book.

Barker,R.G. and Wright,B.A.(1952). The Psychology of Adjustment to Physical Disability. In J.F.Garrett (ed.), *Psychological Aspect of Physical Disability*. Department of Health, Education and Welfare, Office of Vocational Rehabilitation, Service Series.

Basowitz,H.,Korchin,S.J.,Grinker,R.R.(1955). Anxiety and Stress. New York: McGraw Hill.

Bem D. J. (1965). An experimental analysis of self persuasion. *Journal of experimental and social psychology.*

Bem, D.J. (1972). Self perception theory. In L. Berkowitz(Ed). *Advances in Social Psychology*, 6: New York Academic Press.

Benassi,S.,Dusfour,F.(1988). The Locus of Control and the Use of Strategies to Promote Self- Care.*Journal of Community Health Nursing*, 2,171-179.

Berkowitz, L. (1970).The expression and reduction of hostility. *Psychological bulletin,* 55, 257-283.

Bioler,I (1961). Conceptualization of success and failure in mentally retarded and normal children" *Journal of Personality*,29,303-320.

Bowlby, J. (1969). Attachment and loss. Attachment, I,(2nd ed.), New York.

Brody, H.et.al (1989). The Great Equaliser: Empower the disabled. *PG Computing*, 2(7), 82-93.

Brook, Gunn,J and Lewis (1984). Maternal responsibility in interaction with handicapped infants. *Child Development,*55(3),858-868

Butterfield,E.C. (1964). Locus of control.Test anxiety, reaction to frustration and achievement. *Journal of Personality*,33,5373B.

Carr,J.( 1988)."Six weeks to twenty one year old : A longitudinal study of children with down syndrome and their families .*Journal of Child Psychology and Psychiatry,*29(4),404-431

**CarterV.Good(1959):Retreivedon15May,2010: http://dictionary.sensagent.com/adjustment/en-en/#wikipediahttp://dictionary.sensagent.com/adjustment/en-en/#wikipedia**

Cassidy, J.C.(1994). *Handbook of Attachment:Theory ,Research and Application*,New York,Guilford.

Ccshetti,D and Schneider (1988). A sense of containment. Potential moderator of the relation between parenting practices and childrens externalizing behaviour. Development of Psychology.

Corver,C.S. (1976). Attribution of success as a function of locus of control and objective self awareness. *Psychological Abstract,* 56, 11-12.

Cox,A.D., and Karina,L (1992). Childhood physical disability and attachment. *Journal of Developmental Medicine and Child Neurology,*34(2),1037-1046.

Crow and Crow (1956):Available at http://dictionary.com/adjustment/en-en/#wikipedia

Cruickshank,W.M.,et.al (1972). A study of the relation of physical disability to social adjustment. *American Journal of Occupation Therapy*, 6,100-109.

Davis, W.L.and Phares (1967). Internal/external as a determinant of information in special influence situation. *Journal of Personality,*35,547-561.

Deloach ,C., and Greer. B. G. (1981). Adjustment to Severe Physical disability: A Metamorphosis .New York: McGraw Hill

Denys,R (1989). Relevance and Modalities of Part-time Day Hospital for Young Children. *Perspective Psychiatuiques*, 28(17) (2) 94-98. (Eds) Bases of Severe Behavioral Disorder of Children and Youth, Boston: Little Brown.

Dhar,U(1983). The existential concerns of the disabled.*National Labour Institue* ,New Delhi.

Dollard, J., Doop, L.W., Miller, N.E., Mowrer, O.H., and Sears, R.R. (1939). "Determining Substitute Behavior and the Over Expression of Aggression". *Journal of Abnormal Social Psychology,* 34: 293-313

Dollard, T., Miller, N.E. (1950). Personality and Psychotherapy: An Analysis in Terms of Learning, Thinking and Culture. New York: Mc Graw Hill.

Drotar,D, Baskiewitz, et.al (1975). The adaptation of parents to the birth of an infant with congenital malformation: A Hypothetical Model." *Pediatrics* 56,710-717

Edgar, E., (1987). Secondary Program in Special education. *Exceptional children*, 53, 555-561.

Efran,J (1963). Some personality determinants of memory for success and failure. Unpublished doctoral dissertation, Ohio State University.

Einsiedel, E and Clausner, A(1999). Funnel Chest : Psychological and Psychosomatic Aspects in Youngsters and Young Adults". *The Journal of Cardiovascular Surgery*,40,733-736

Ensher, S.R. (1989). Are low adjusted children are at risk? .*Psychological Bulletin, 102*, 357-389.

Estrada, L., Errol, Dupoux, Wolmen, C. (2006). Direct and Personalization of Care. Edinburgh: Dunedin Academic Press.

Festinger, L. (1954). Motivation leading to social behavior. In Jonea M.R. (ed). Nabraska Symposia on motivation. Nabraska press: 191-219.

Fiedler, C.R. and Simpson, R.L. (1987). Modifying the Attitude of Non Handicapped High School Students towards Handicapped Peers. *Exceptional Children,* 53, 342-349.

Forness, S.R.(1988). Characteristics of children and adolescents withdepression.(Eds). Bases of severe behavioural disorder of children and Youth ,Boston:Liitle Brown

Foster, G.G., Ysseldyke, J.E. and Reese, J.H. (1975). *Exceptional Children,*4169-473.

Freud, S. (1915). Instincts and Their Vicissitudes. *In collected papers of Sigmund Freud..* IV. *London: Hagarth Press.(1914)*: 60-83.

Freud, S. (1936). The problem and anxiety. New York: W.W. Norton.

Fromm-Reichmann,F. (1959). Loneliness. Psychiatry, 22,1-5.

Gottlieb,J. and Layser, Y. (1981). Facilitating the Social Mainstreaming of *Retarded Children, 4*,57-69

Gough, H.G. and Heilbrun (1965). The Adjective Checklist Manual: Palo Alto. C.A: Consulting Psychologist Press.

Greenspoon, S. and Cerroto, M. (1989). Normalization Deinstutionlization and the limit of research, comment on Landsman and Butterfield. *American Psychologist,* 44, 448-449.

Hallahan, D.P., Keller, C.E. ,Mckinney, J.D., Lloyd, J.W., Bryan. T. (1988). Examining the research base of the regular education initiative. *Journal of learning disabilities*, 21, 29-35.

Halmhuber, Nancy L and Scott (1993). Perception of Competence and Control and The Use Of Coping Strategies. *Learning Diability Quartley*,16(2), 93-111.

Halmhuber,N., and Scott G. (1993). Perceptions of Competence and Central and the Use of Coping Strategies by Children with Disabilities." Council for Learning Disabilities.

Hieder,F.(1994).Social perception and phenomenon causality. *Psychological Review,51*,358-74

Hinde, R.A. (1988). Relationship within families: Mutual influences Oxford, U.K, Claredon.

Hofman, Baker and Gabriel (1950). Managing the Behavior of Severely Handicapped Person. Reston, Va: Council for Exceptional Children.

Horney, K. (1939). New Ways in Psychoanalysis. New York: W.W. Norton, 6

Horney, K. (1970). New Ways in Psychoanalysis. New York :Norton.

Horney. K. (1939). The neurotic personality of our time. New York: Norton.

Hussain, S and Kumar,A (1991). *Indian Journal of Behaviour,* 15 (4), 1-8.

Hussain,A (2006). *Journal of the Indian Academy of Applied Psychology,* 32(1), 43-46.

James,W.,Varmi; and Stegnchi, Y(2004); Rubenfield et al.(2004). Psychological Adjustment and Perceived Social Support in Children with Congenital and Acquired Limb Deficiency.*Journal of Behavioral Medicine,* 32,*(11).*

Jan ,L.,Wallender,W. Varmi (2010). Social Support and Adjustment in Chronicle and Handicapped Children. *American Journal Of Community Psychology,* 17(2).

Kazak, E. and Drotor, D (1977). *Journal of Pediatric Psychology,* 22(2), 149-165.

Khan,S.H.(2006). Attributional style in relation to sense of well being.*Health Psychology*,New Delhi

Kelley, H.H. (1976). The process of causal attribution. *American Psychologist.*

Kent,Gerry and Keohane,Steve (2010. Social Anxiety and Disfigurement :The Moderating Effect of fear of Negative Evaluation and Past Experience. British Journal of Clinical Psychology,40: 23-34.

Kerlinger, F.N. (1983). Foundation of behavioral researches (2nd Ed).New York : Hold Rindchard and Winston.Inc.

Kinnealey, M., Morse, A.,B. (1979) .*American Journal of Occupational Therapy* , 33(6), 365-72.

Klein, R. G. and Kovacs, M. (1989). Affective disorder in Children and Youth. *American Psychologist,* 44, 209-215. .

Klein, R.G. and Last,C.G.(1989). Anxiety disorder and children. Newbury Park, Sage Publications

Kolstoe,L and Randall,W.J. (1968). Denial of disability and internal control of reinforcement". *Journal of Social Psychology and Personality.10,* 223-227.

Kolstoe,L and Randall,W.J. (1968). Internal versus External control and the value of reinforcement..*Journal of Social Psychology and Personality*,8,206-220

Landsman, S., and Butterfield, E.C. (1987). Normalization and deinstitutionalization of mentally retarded individuals. American Psychologist, 42, 809 -816.

Lavigne,J and Routman,J (1992): Psychological Adjustment to Pediatric Physical Disorders, *Journal of Pediatric Psychology,* 17(2), 133-157.

Lefcourt,H.M., and Laudwig,G.W. (1965). The American Negro:A problem in expectancies."*Journal of Personality*,1,377-380.

Leticia, S.M., Corinne, N., Harrell, Robert T (1992). *Journal of Mental Health and Nursing (1994).*15(1), 73-84.

Levenson, R., (1973). Strategies of adaptation. An attempt at Systematic Description. J.E Adams (eds) ,Coping and Adaptation New York: Basic Books.

Lewandowski I.J. and Cruickshank, W.M. (1979). Psychological development of crippled children and youth. *Psychology of Exceptional Children and Youth* (4th ed) Erglewood Cliffs: N. J. Prentice Hall.

Light, J.,Collier,B. ,Parnes,P (1985). Augmentative Communication Service. *Hugh MacMillan Medical Centre, Toronto,* 3, 98-107.

Lily, L., Dyson.(1989) Adjustment of Siblings of Handicapped children: A comparison.

Lorenz, K. (1958). The Conception of Instinctive Behavior. In Schiller, Clain, H. (ed). International Univ. Press. 129-175.

MacDonald,A.P and Hall,J (1971). Internal, external locus of control and perception of disabiliyty. *Journal of Consulting and Clinical Psychology,*36,338-343.

Marshall,W. (1989). Pornography and Sex Offenders.In D.Zilman and Bryant,Pornography : Recent Research, Interpretations and Policy Considerations.Hillsdale,New Jersey:Erlabauon.

Mittal, V.K (1965) .Adjustment inventory. M/S Manovigyan Kendra, Meerut, U.P., India.

Morgan, Sam B, Wisely, Dale, W. (1996). *Journal of Developmental and Physical and Disabilities,* .8(1), 31-42.

Morgan, Sam, B., Wisely, Dale, W. (1996). Children's attitude and behavioral intentions toward a peer presented as physically handicapped. *Journal of Developmental and Physical Disabilities, 8(1)*: 38-42.

Moyer, K.E. (1976). The Psychology of Aggression. Harper's Psychological Series.

Murray, H.A. (1938). Exploration in Personality. New York: Oxford Univ. Press.

Noonan,J.R and Barry,J.R (1970). Personality determinants in attitude towards disability. *Journal of Personality,* 38,110-118.

Orlansky, F. W and Fisher,S. (1949). Disorder in children: Sibling Studies. *Monographs of the Society for Research in Child Development,* 36(4), 144.

Pal, R.(1983).Locus of Control for primary children (Internal/External Scale).Deaprtment of Psychology,Agra University.

Parker, J.G. and Asher, S.R. (1987). Peer relation and later personal adjustment. *Psychological Bulletin,* 102, 357-389.

Patricia Sloper (2000). Predictor of Distress in Parents of Children with Cancer. *Journal of Pediatric Psychology,* 25(2),79-81

Patterson,G.R., DeBaryshe, B.D. and Ranrsey,E.(1989).A Developmental Perspective on Anti- Social Behaviour.*American Psychologists,*44,329-335.

Peak, (1958).Psychological structure and psychological activity. *Psychological Rreview, 65,*325-347.

Peplau, L.A, Russell, D.J. and Heim, M. (1979). An attribution analysis of loneliness: New approaches to social problems. Application to Attribution Theory, San Francisco: Jossey-Bass

Pepper,S.C.(1948)."WorldHypothesis:AstudyinEvidence".Berkeley:University of California.

Richardson, S.A., Goodman, N., Hastorfa, A.H., and Dornbusch, S.M. (1961). Cultural Uniformity in Reaction to Physical Disabilities. *American Sociological Review,Vol. 26,* 241-247.

Robert.T., Ammerman, B., Hasselt ,V., Hersen,M. (2002). Psychological Adjustment of Visually Handicapped Children and Youth , *Clinical Psychology Review, Vol. 6 (1),* 67-85.

Rotter ,J.B.(1966). Generalised Expectancies for Internal Versus External Control of Reinforcement. Psychological Monograph, 80.

Rotter,J.B. (1966).Clinical Psychology. Englewood Cliffs.New Jersey:Princeton Hall.

Rozenweig, L. (1994). Conceiving the self .New York: Basic Book.

Rutledge. D.N. and Dick. G. (1983). Spinal Cord Injury in Adolescence. Rehabilitation Nursing 8(6): 18-21.

Sameroff, A.J., Seifer, R. and Zax ,M.(1982). Early Development of Children at Risk for Emotional Disorder. Monographs of the Society for Research in Child Development, 47(Serial No.199).

Sarionski,Klaus (2001). Social Adjustment of Children with Severe Craniofacial Anamoly. Child Care ,Health and Development,27:583-590.

Satz. J. (1886). Summer Work Programme to students with Disabilities. The Exceptional parent, 16(2): pp 19-22.

Sawrey,J.M.and Telford,C.W.(1967). Psychology of Adjustment.Boston:Allyn and Bacon Incorporation.

Schachter,S (1962). Cognitive Social and Physiological Determinants of Emotional Scale. *Psychological Review. 69*: 379-399.

Seeman,M and Evans,T.W. (1962). Internal vs external control of reinforcement: A major variable in Behavioural Therapy.*Journal of Personality and Social Psychology,6(2)*,212-215.

Sen, Anima (1988). Psycho Social Integration of the Hndicapped : Callenge to Society. Mittal publication Delhi. India.

Sharma,N and Jamwal,Z (2004). The concept of self in physically challenged institutionalized children. *Disability India Journal.*

Shaffer,H.R.and Emerson,P (1964). The development of social attachments in infancy.*Monographs of the Society for Research in Child Development,*29,(3,Whole No.94)

Shindi, J. (1983). Emotional Adjustment of Physically Handicapped Children: a Comparison of Children with Congenital and Acquired Orthopedics Disabilities. *Journal Social Psychiatry,* . 29(4), 292-298.

Shipley, T.E. , and Veroff. J. (1952). A Projective Measures of Need for Affiliation .*Journal of Experimental. Psychology, 43* : 249-356.

Shortridge, S.D (1961). Facilitating Attitude Change Towards the Handicapped." *American Journal of Occupational Therapy. 36(7):* 456-460.

Siller,J.(1967). Structure of Attitudes Towards the Physically Disabled. Studies in reaction to Disability XI, School of Education :New York University.

Singer,G.H. and Irvin,I.K.( 1989). Family care giving, stress and support. In Singer and Irvin edition. Support for care giving families,3-25.

Singh, P.D., Sunit,S et al. (1990). Psychological Problems in families of Disabled Children. *Journal of British Medical Psychology*, 63(2), 173-182.

Sinha, S.P. (1982). Personality adjustment of the blind student

Sloper, P., Turner, S. (1993). Determinants of Parental Satisfaction with Disclosure of Disability. *Journal of Developmental Medicine and Child Neurology,* 35(9): 816-825.

Soloman,J., and George ,C(1996). Defining the caregiving systems".*Infant Mental Health,17(3)*,183-197.

Sood, L. and Sethi, R., (1994). The Differential Evaluation of males and females. *Journal, Press, 25*,356-371.

Stoneman,Z, Broody,G.H., Davis, C.H., and Crapps,J.M (1988). Childcare responsibility, peer relations and sibling conflict : Older sibling of mentally retarded children. *American Journal of Mental Retardation*,93, (2), 174-183

Symond, P.M. (1989). "The psychology of parent-child relationships". 18-28. New York. D. Appleton- Century Co.

Thompson,Andrew and Kent,Gerry(2001). " Adjusting to Disfigurement Processes involved in dealing with Visibly Different." Clinical Psychology.

Toch, H. (1964). The Social psychology of Social movements. London: Methuen and Company Ltd.

Turkaspa,P.,Klein,L.C.et. al(1993). Behavioral Responses to Stress:Tend or Be Friend,not Flight or Flight. *Psychological Monograph,17,*411-429.

Turnbull, A.P. and Turnbull, H.R (1990). Families, professionals and exceptionality. A special partnership. (2nd ed.)

Uchida, Toshihiro (1993). The family with a Physically Handicapped Child: Focusing on the Expectation and Resignation of Parents. *Japanese Journal of Family Psychology, Vol.7(2),* 91-102.

Upadhayay, C. and Tiwar, L. (1985). Anxious nature of Disabled .Proceeding of 73rd session of Indian Science Congress, Delhi, India.

Vaughin,S.,Hogan,A.,Lanceletto G.X., Shapiro, S.(1980). Subgroup of children with severe and mild behavioural problems: Social Competence and Reading Achievement

Veness, J.E. (1973). The social meaning of parenthood.*Psychiatry Journal for the study of inter personal processes. 36.*291.310

Vergason, G.A., and Anderegg, M.L. (1989). A response to integrating the children of the second system. Phi Delta Kappan ,71: 61-63.

Veroff. J. (1956). Development and Projective Measure of Power Motivation. *Journal of Abnormal Social Psychology, 12*: 31-34.

Wallander,L., Varni,J., Babani,L., Banis,H and Wilcox,K. (1988). *Journal of Pediatric Psychology , Vol.13(2):* 197-212.

Wallston K.A., Rahe, D.(1967). Development of Multidimensional Health Locus of Control Scale. *Health Education Monograph, 6(2),*160-170.

Weiner, B. (1986). An attribution theory of motivation and emotion. London : Springer Verlarg.

Weiner,B.,Meyer,W. and Cook,R.E.(1972). The Effect of Unsatisfied Achievement Motivation and Persistence and Subsequent task. *Journal of Psychology,33,*1-4.

Wright, M.E. (1973). The Influence of Frustration upon the Social Relations of young Children. Character Press, 12: 111-122.

World Health Organisation. (1994). The World Health Report. *Indian Journal of Psychiatry*. 36 (1). 18. Retrieved on 10.6.10:

West's Encyclopedia of American Law. Edition (2), Copy right 2008, The Gale Group, Inc Retrieved on 23.5.10:

Yoshio,K. and Fumisato,K (1992). On Establishing an Early Treatment for Handicapped Infant. *Japanese Journal of Special Education,* 29(4),27-31.

Zetlin, A.G., and Hosseini, A. (1989). Six post school case studies of mildly learning handicapped young adults. *Exceptional children* ,55, 405-411

Zimbardo, A.J. (1989). Attribution for real and hypothetical events. *Journal of Abnormal Psychology, 94*, 530-540.

Zitter, F.A. and Allsop, K.G. (1976). The Diagnosis and Management of Childhood Muscular Dystrophy Clinical Pediatrics, 15, 540-548

# APPENDICES

# ADJUSTMENT INVENTORY

## COLLEGE FORM

(Standardised by **Dr.V.K. MITTAL M.A., Ph. D.**)

इन्हें भरों

नाम ..... पिता का नाम .....

पिता का व्यवसाय..... परिवार की आय .....

कालिज ..... कक्षा ..... सैक्शन .....

घर का पता .....

..... तारीख .....

# आदेश

अगले पन्ने पर कुछ बातें लिखी हैं। यह बातें हम में से हर एक के जीवन से सम्बन्धित हैं। यदि इन बातों पर हम ईमानदारी से सोचें तो अपनै बारे में बहुत कुछ जान सकते हैं।

हर बात के आगे 'हॉ', '?'(प्रशन चिन्ह) तथा 'नहीं' लिखा है। तुम एक–एक करके हर बात को पढ़ो और सोचो कि वह तुम पर लागू होती है या नहीं । यदि वह बात तुम पर लागू होती हो तो 'हॉ' के चारों ओर गोल–घेरा खींच दो, इस प्रकार हॉ। यदि वह बात तुम पर लागू न होती हो तो 'नहीं' के चारों ओर गोल–घेरा खीचों और यदि तुम यह निश्चय न कर पाऔ िकवह बात तुम पर लागू होती हैं या नहीं तो '?' के चारों ओर गोल घेरा खींच दो।

ध्यान रहे यह टैस्ट तुम्हारी परीक्षा लेने के लिए नही हैं और न ही काई उत्तर सही अथवा गलत है । शर्माने या डरने की कोई बात नहीं है। तुम एक–एक प्रश्न पढ़ो और जैसी स्वंय हो ठीक उसी प्रकार उत्तर देती जाऔ। कोई भी प्रश्न बीच में छोड़ना नहीं हैं। तुम्हारे उत्तर गुप्त रक्खे जायेंगे।

**अब पन्ना पलटो और ईमानदारी तथा निर्भयता ो अगले पन्ने पर काम करो :–**

| ADJUSTMENT | | SCORES |
|---|---|---|
| (a) | Home Adjustment. | |
| (b) | Social Adjustment. | |
| (c) | Health & Emotions. | |
| (d) | College adjustment. | |
| | Total | |

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| | | |
|---|---|---|
| 1a | मेरी माता जी घर में सब पर बहुत ज्यादा रौब–दौब रखती हैं। | हॉ ? नहीं |
| 2b | मेरी साथी प्रायः मुझसे कतरातें दूर भागते हैं। | हॉ ? नहीं |
| 3c | मैं प्राय : प्रसन्न रहती हूॅ | हॉ ? नहीं |
| 4d | परीक्षा के लिए ठीक प्रकार से तैयारी करने का ढंग मुझे मालूम है । | हॉ ? नहीं |
| 5a | मेरे मॉ–बाप मेरे आचार की सदैब प्रशंसा करते हैं। | हॉ ? नहीं |
| 6b | मुझे अपनी सहेलियो दोस्तों के यहॉ अधिक आना जाना अच्छा नहीं लगता | हॉ ? नही |
| 7c | मैं सोचती हूॅ। कि मुझ में कोई गुण नहीं – मैं किसी भी मतलब की | हॉ ? नही |
| 8d | कालिज के वार्षिक उत्सवों में प्रायः मै भाग ले लिया करती हूॅ। | हॉ ? नही |
| 9a | मेरे माता या पिता बहुत जल्दी ही मुझ से नाराज हो जाते है। | हॉ ? नहीं |
| 10b | किसी अपरिचत ;अनजानद्ध व्यत्ति से बातचीत करने में मुझे परेशानी होती ळें | हॉ ? नहीं |
| 11c | छोटी छोटी बातों की मै बहुत चिन्ता नहीं करती। | हॉ ? नहीं |
| 12d | मै कक्षा के कार्य में ठीक प्रकार चल रही हूॅ । | हॉ ? नहीं |
| 13a | मेरे माता–पिता मेरे साथ प्रायः कोमलता का व्यवहार करते हैं। | हॉ ? नहीं |
| 14b | शादी–विवाह के मौकों पर आये हुये लोंगो से मिलने में मुझे खूब आनन्द टाता है। | हॉ ? नहीं |
| 15c | मुझे प्रायः बुरे–बुरे स्वप्न दिखाई देते हैं। | हॉ ? नहीं |
| 16d | मुझे अपने शिक्षकों से डर नहीं लगता है । | हॉ ? नहीं |
| 17a | मुझे अपने मॉ–बा पके आचरण तथा वेष–भूषा पर शर्म आती है। | हॉ ? नहीं |
| 18b | बातचीत के दौरान में मैं यही साचती रहती हूॅ कि मैं क्या बोलूगी। | हॉ ? नहीं |
| 19c | मेरी भावनाओं को शीघ्र ठेस पहुॅच जाती है । | हॉ ? नहीं |
| 20d | पढ़ाई के अधिकांश विषयों में मुझे रूचि है। | हॉ ? नहीं |
| 21a | ऐसा लगता है कि घर में मुझे कोई नहीं चाहता । | हॉ ? नहीं |
| 22b | सामाजिक अवसारों पर मैं सबके सामने आने की कोशिश करती हूॅ। | हॉ ? नहीं |
| 23b | मुझे यह विचार सताता है कि नोग मेरा भेद जानना चाहते हैं। | हॉ ? नहीं |
| 24d | कालिज में मुझे खेल की टीमों में नहीं रक्खा गया हैं, इस कारण मैं दुःखी हूॅ। | हॉ ? नहीं |
| 25a | मॉ–बाप से अलग रहना मुझे बिल्कुल अच्छा नहीं लगता। | हॉ ? नहीं |
| 26b | मैं बहुत जल्दी दोस्ती कर लेती हूॅ। | हॉ ? नहीं |
| 27c | मैं कभी बड़े जोश में होती हूॅ तो कभी एकदम सुस्त। | हॉ ? नहीं |
| 28d | मैं कालिज की पढ़ाई को घर में नहीं दोहरा पाती। | हॉ ? नहीं |
| 29a | मुझे कभी–कभी ऐसा लगता है कि मेरे माता–पिता मेरी ओर से निराश हैं। | हॉ ? नहीं |

| | | |
|---|---|---|
| 30b | सामाजिक अवसरो पर मेरे साथियों को मेरा बहुत ध्यान रहता हैं। | हॉ ? नहीं |
| 31c | आने वाली मुसीबत का बवचार मुझे परेशान रखता हैं। | हॉ ? नहीं |
| 32d | घर का काम कितना ही अच्छा करें पर शिक्षक कभी भी तारिफ नहीं करतें | हॉ ? नहीं |
| 33a | जी चाहता हैं कि घर छोड़ कर भाग जाऊ। | हॉ ? नहीं |
| 34b | मुझे अपनी आयु के लड़को से बोलने की इच्छा होते हुए भी बोलने में संकोच होता है। | हॉ ? नहीं |
| 35c | कभी–कभी जी चाहता है कि आत्म–हत्या कर लूँ। | हॉ ? नहीं |
| 36d | कुछ शिक्षकविद्यार्थियों में भेदभाव करते हैं | हॉ ? नहीं |
| 37a | मेरे माता या पिता मुझे मजबूरकरते हैं कि मै उनकी जा–बेजा हर आ का पालन करती रहूं। | हॉ ? नहीं |
| 38b | मैं अपने बड़ों का उचित प्रकार से आदर करती हूँ। | हॉ ? नहीं |
| 39c | मेरी ऑखे कमजोर हैं। | हॉ ? नहीं |
| 40d | कालिज की कुछ छात्राएँ मुझे बुरी आदतें सिखाती हैं। | हॉ ? नहीं |
| 41a | मेरे मॉ–बाप सदैव मेरे निजी मामलों को जानने की कोशिश करते हैं। | हॉ ? नहीं |
| 42b | अपने साथियों पर मुसीबत आने पर मैं उनकी सहायता करने के लिए तैयार रहती हूँ। | हॉ ? नहीं |
| 43c | मैं जल्दी ही थक जाती हूँ। | हॉ ? नहीं |
| 44d | मैं कालिज की पररक्षाओं से घबराती हूँ। | हॉ ? नहीं |
| 45a | मुझे ऐसा लगता है कि मैं अपने माता–पिता के लिए एक भार हूँ । | हॉ ? नहीं |
| 46b | प्रायः पास पड़ौस के लोग मुझसे कतराते हैं। | हॉ ? नहीं |
| 47c | मेरे मुँह से बदबू आती है। | हॉ ? नहीं |
| 48d | कक्षा के अन्य विद्याथियों से मेरा बहुत कम सम्बन्ध हैं। | हॉ ? नहीं |
| 49a | मेरे माता–पिता मुझे अपने विषय में निर्ण्रय नहीं करने देते। | हॉ ? नहीं |
| 50b | मुझे अपने शर्मीले स्वभाव से परेशानी हैं। | हॉ ? नहीं |

51c मुझे इस बात की चिन्ता नहीं कि दूसरे लोग मेरे बारे में क्या सोचते हैं। हॉ ? नहीं

52d मुझे कालिज की कुछ लड़कियॉ परेशान करती हैं। हॉ ? नहीं

53a मेरे माता–पिता प्रायः मेरा उत्साह बढाते रहते हैं। हॉ ? नहीं

54b मैं प्रायः कुछ लोगों से बचने के विचार से दूसरे रास्ते से चली जाती हूॅ। हॉ ? नहीं

55c मैं अपने आप को सुखी महसूस करती हूॅ। हॉ ? नहीं

56d मुझे कालिज के खेल–कद अच्छे नहीं लगते। हॉ ? नहीं

57a मेरे माता–पिता प्रायः आपस में झगड़ते रहते है हॉ ? नहीं

58b अन्य लोगों के बीच में अपनी बात कहने में मुझे बहुत संकोच होता हैं। हॉ ? नहीं

59c अधिक परि मेहनत करने से मुझे चक्कर आने लगते हैं । हॉ ? नहीं

60d मैं कक्षाओं में पूछे गये प्रश्नों के सही उत्तर नहीं दे पाती। हॉ ? नहीं

61a मेरे निकट सम्बन्धियों में अधिक मनमुटाव रहता हैं। हॉ ? नहीं

62b मैं अपने रहस्य को अपनी सहेलिओं पर प्रकट नहीं करती। हॉ ? नहीं

63c मुझे जल्दी ही रोना आ जाता हैं। हॉ ? नहीं

64d कक्षा में ज्यादातर लड़कियॉ मुझसे ठीक प्रकार से बातें ugha dरतीं। हॉ ? नहीं

65a प्रायः मेरी माताजी मुझे खूब चाहती हैं। हॉ ? नहीं

66b मुझे अपनी सहेलिओं की सलाह देने और खेल–कूद का पोग्राम बनाने में मजा आनन्द आता हैं हॉ ? नहीं

67c मुझे बहुत जल्दी ही गुस्सा आ जाता हैं। हॉ ? नहीं

68d कक्षा में प्रायः मैं आम लड़किओं से अधिक नम्बर पाती हूॅ। हॉ ? नहीं

69a मेरे परिवार में सदैव रूपए पैसे की चिन्ता रहती हैं। हॉ ? नहीं

70b मैं अन्य लोगों से अधिक मेल–जोल बढ़ाना नही समझती। हॉ ? नहीं

71c मैं कभी भी निराश नहीं होती हूॅ। हॉ ? नहीं

| | | |
|---|---|---|
| 72d | मैं कालिज की डिबेट में खूब हिस्सा लेती हूँ। | हॉ ? नहीं |
| 73a | मेरे मॉ–बाप मुझे अपनी रूचि मर्जी के काम करने से रोकत हैं। | हॉ ? नहीं |
| 74b | मैं अपनी सहेलिओं से अपनी बात बिना संकोच कह लेती हूँ। | हॉ ? नहीं |
| 75c | प्राय–मेरे सिर में दर्द रहता हैं | हॉ ? नहीं |
| 76d | कक्षा के कुछ विषयों में, मैं कमजोर हूँ , उनमें शिक्षकों की विशेष सहायता चाहती हूँ। | हॉ ? नहीं |
| 77a | मैं बड़ी होकर विल्कुल अपनी माता जी जैसी बनना चाहूँगी। | हॉ ? नहीं |
| 78b | मेरे साथी मुझे बहुत चाहते हैं। | हॉ ? नहीं |
| 79c | दिन भर मुझे नींद आती रहती हैं। | हॉ ? नहीं |
| 80d | मेरी कुछ शिक्षक मेरी मजाक उड़ाती हैं। | हॉ ? नहीं |

Indian Adaptation of PARI (Father Form)

# [Parental Attitude Research Instrument]

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**KANPUR**

बालक का नाम.....कक्षा.....अवस्था.....

विद्यालय का नाम.....

माता/पिता का नाम.....

पता.....

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## निर्देश

अगले पृष्ठों पर लिखित वाक्यों को सावधानी से पढ़िये तथा प्रत्येक वाक्य के सम्मुख निम्न चार विकल्पों में किसी एक को घेर कर निशान लगाइये।

| *A* | *a* | *d* | *D* |
|---|---|---|---|
| पूर्ण सहमत | सहमत | असहमत | पूर्ण असहमत |

यदि आप उस वसक्य से पूर्ण रूप से सहमत हैं तो *A* को गोले से (*A*) घेर दीजिए।यदि सहमत हों तो a को (a) इस प्रकार घेर दीजिए। इसी प्रकार जिस वाक्य से आप असहमत हों तो उसे (*d*) इस प्रकार घेर दीजिए तथा जिस वाक्य से आप पूर्ण असहमति रखते हों उसमें *D* को गोले में से (*d*) घेर दीजिए।

किसी उत्तर के गलत या सही होने का प्रश्न नहीं है। अतः आप जो उत्तर ठीक समझती हों उसी को दें। यही अत्यन्त आवश्यक है कि आप प्रत्येक वाक्य को पढ़कर उसका उत्तर दें।

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|---|---|---|---|---|---|
| 1. | बच्चों को अपने माता–पिता द्वारा बनाये गये नियमों का सख्ती से पालन करना चाहिए। | A | a | d | D |
| 2. | एक अच्छा पिता अपने बच्चे को जीवन के कटु पथ को सीखने देने में सहायक होना चाहिए। | A | a | d | D |
| 3. | बच्चे को बड़ों (प्रौढ़ों) से डरना कभी भी नहीं सीखना चाहिए। | A | a | d | D |
| 4. | बच्चे को उसकी किसी शैतानी के लिए तुरन्त मार–पीट कर आप उसे अच्छा व्यवहार करने वाला नहीं बना सकते। | A | a | d | D |
| 5. | अक्सर बच्चे को धोका देना उसकी अपनी भलाई के लिए आवश्यक होता है। | A | a | d | D |
| 6. | एक अच्छे वैवाहिक जीवन में वाद–विवाद एवं बहस का कोई स्थान नहीं है। | A | a | d | D |
| 7. | वे बच्चे मुसीबत खड़ी करने वाले होते हैं, जिन्हें बहूत ज्यादा मारा पीटा जाता है। | A | a | d | D |
| 8. | बच्चों को अपने माता–पिता के प्रति वफादारी कुछ ऐसी चीज है जो कि माता–पिता द्वारा प्राप्त की जानी चाहिए। | A | a | d | D |
| 9. | अपने दिन भर के कठिन परिश्रम के बाद एक व्यक्ति से जो कुछ भी उसके बच्चे या पत्नी पूछते हैं, वही अक्सर उसे चिड़चिड़ा कर देने के लिए पर्याप्त होता है। | A | a | d | D |
| 10. | बच्चे पर ज्यादा कठोर नियन्त्रण रखने से, वह आगे चलकर (बड़ा होने पर) अपने माता–पिता का आदर नहीं करता है। | A | a | d | D |
| 11. | जो बच्चे अपने संवेगों (सुख, दुख, आश्चर्य, भय इत्यादि) को बिना किसी भय के प्रदर्शित कर देते हैं, वे जीवन में सुसमायोजित होते हैं। | A | a | d | D |
| 12. | बच्चों को जो कुछ भी उनके पास है, उसी के बारे में बहस करना नहीं सिखाना चाहिए, वरनृ वे उससे भी ज्यादा प्राप्त करने के लिए प्रयत्नशील रहें। | A | a | d | D |
| 13. | बच्चों को अक्सर उन्हीं कार्यों को करने का प्रशिक्षण देना चाहिए जो उनको करने के लिये छोड़े गये हों। | A | a | d | D |
| 14. | एक बच्चे को यह भी सिखाना चाहिए कि उसे कभी निराश भी होना पड़ सकता है। | A | a | d | D |
| 15. | पागलों की तरह पीछ लगकर आप किसी बच्चे को नहीं बना सकते। | A | a | d | D |
| 16. | यदि एक छोटा बच्चा अपने माता –पिता की आज्ञा मानने से इनकार कर देता है, तो उन्हें उसके लिये चाबुक लेकर बच्चे के पीछे नहीं पड़ जाना चाहिए। | A | a | d | D |

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| 17. | एक अच्छी पत्नी को कभी अपने पति से बहस नहीं करना पड़ता है। | A | a | d | D |
| 18. | शारीरिक दण्ड बच्चे को बड़ों (प्रौढ़ों) से डरना सिखाता है और यह एक खराब चीज है, जो बच्चे के साथ घट सकती है। | A | a | d | D |
| 19. | कठोर अनुशासन बच्चों को निम्न (नीचे) व विप्लवकारी बना देता है। | A | a | d | D |
| 20. | एक ही नहाने के टब में छोटे लड़के व लड़कियों को साथ–साथ नहाने में कोई बुराई नहीं है। | A | a | d | D |
| 21. | एक पिता को यह मांग करने का कोई अधिकार नहीं है कि वह जो कुछ भी जानता है वही सबसे अच्छा है तथा सारे परिवार को वही करना चाहिए। | A | a | d | D |
| 22. | कुछ ही पत्नियां इस बात को समझती हैं कि पति भी परिवार के एक अंग हैं, और उनके देखभाल की कुछ जरूरत है। | A | a | d | D |
| 23. | इसमें कोई गलत बात नहीं है कि जब औरतें (पत्नियां) परिवार में हमेशा पेन्ट पहनना चाहती हैं, तो पुरुषों (पतियों) को चिन्ता हो जाती है। | A | a | d | D |
| 24. | जब बच्चे गलती पर हों, तो उन्हें तुरन्त पीटना नहीं चाहिए, ऐसा करने से वे जिद्दी हो जाते हैं और इस तरह करने को उनकी आदत पड़ जाती है। | A | a | d | D |
| 25. | यदि पति–पत्नी वास्तव में एक दूसरे को प्यार करते हैं तो उनके वैवाहिक जीवन में बाद–विवाद एवं बहस बहुत कम देखने को मिलती है। | A | a | d | D |
| 26. | जो माता–पिता बच्चे को बहुत मारते पीटते हैं, वे बच्चे से कभी प्यार व सम्मान नहीं प्राप्त कर सकते हैं। | A | a | d | D |
| 27. | सारे समय परिवार के साथ रहने से व्यक्ति में यह भावना आ जाती है कि उसका स्वतन्त्र अस्तित्व समाप्त हो गया है। | A | a | d | D |
| 28. | एक दूसरे को काटना बच्चों की स्वाभाविक आदत होती है। | | | | |
| 29. | अधिकांश बच्चों को शीघ्र ही यह समझ में आ जाता है कि उनके माता–पिता के बहुत से विचार गलत हैं। | A | a | d | D |
| 30. | इसमें कोई हर्ज नहीं है यदि बाहर वाले माता–पिता के कार्य करने के तरीकों के प्रति बच्चे के आत्म विश्वास को डगमगा दें। | A | a | d | D |
| 31. | पति के घर में प्रवेश करते ही यदि उसके सामने पारिवारिक समस्यायें रख दी जायें तो यदि वह गुस्से से लाल–पीला हो जाय तो इसमें कोई आश्चर्य नहीं है। | A | a | d | D |

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| 32. | यौन–सम्बन्धी खेल (Sex Play) बच्चों के लिए एक सामान्य चीज है। | A | a | d | D |
| 33. | परिवार में कोई निरंकुश प्रवृति वाला बॉस नहीं होना चाहिए और नहीं पिता को अपने परिवार के अन्य सदस्यों के ऊपर हुक्म चलाने का अधिकार होना चाहिए। | A | a | d | D |
| 34. | विवाह का एक अर्थ यह भी है कि पत्नी पति की होती है न कि अपने माता–पिता या अन्य सम्बन्धियों की। | A | a | d | D |
| 35. | बच्चों को अपना कार्य स्वयं करने के लिए बाध्य करके उनमें स्वतंत्र रूप कार्य करने की ट्रेनिंग (प्रशिक्षण) देनी चाहिए। | A | a | d | D |
| 36. | पारिवारिक नियमों के लेते समय बच्चे के विचारों पर गम्भीरता पूर्वक विचार करना चाहिए। | A | a | d | D |
| 37. | बच्चों को कठिन परिस्थितियों का सामना स्वयं ही करना चाहिए। | A | a | d | D |
| 38. | यदि बच्चा कोई गलत कार्य करे तो उसे दण्ड देने की वजाय समझाना चाहिए। | A | a | d | D |
| 39. | बुद्धिमान माता–पिता अपने बच्चे के तरीकों को सुधारने के लिए उसे मारते पीटते नहीं हैं। | A | a | d | D |
| 40. | बच्चों को लड़ाई–झगड़े में अपना बचाव स्वयं करने के लिए तरीके सीखना चाहिए। | A | a | d | D |
| 41. | एक माता या पिता को अपने बच्चे की दृष्टि में दूसरे योग्य वयस्कों की अपेक्षा अधिक ऊँचा समझने की आशा नहीं करनी चाहिए। | A | a | d | D |
| 42. | बच्चों को यह अधिकार है कि वे अपने पिता के विचारों पर तर्क कर सकें। | A | a | d | D |
| 43. | कभी ऐसे अवसर भी आते हैं जब पति अथवा पिता उस स्थिति पर पहुँच जाता है जब वह यह महसूस करने लगता है कि वह अपने परिवार के साथ एक क्षण भी समायोजन नहीं कर सकता। | A | a | d | D |
| 44. | अधिकांश बच्चे बहुत अधिक अनुशासित किये जाते हैं। | A | a | d | D |
| 45. | दकियानूसी परिवार जहाँ पिता ही सब कुछ होता है, एक खराब बात है। | A | a | d | D |
| 46. | बहुत से पति और अच्छा कार्य करने लगे यदि वे अपनी पत्नियों से ज्यादा स्मार्ट दिखने का प्रयत्न करना छोड़ दें। | A | a | d | D |
| 47. | जो माता–पिता बच्चों को जो कुछ भी वह सोचते हैं उसे स्वतंत्र रूप से अभिव्यक्त करने का मौका देते हैं, वे उन्हें जीवन में अच्छी तरह समायोजित होने में मदद करते हैं। | A | a | d | D |

48. वे माता- पिता जो अपने बच्चों के विकास के समय उनके इस विचार को प्रोत्साहित करते हैं कि आगे चलकर प्रायः दूसरे लोग उनकी (बच्चों की) सहायता करेंगे, वे वास्तव में उपको असफलता की ओर अग्रसर करते हैं। A a d D

49. बच्चों को सभी प्रकार के कार्य, चाहे वे कितने ही कठिन क्यों न हों, करने के लिए प्रोत्साहित करना चाहिए। A a d D

50. जो बच्चे माता–पिता की आज्ञा का सदैव उलंघन करते हैं, उनको मारने पीटने से कोई लाभ नहीं है। A a d D

51. अक्सर आप यह महसूस करते हैं कि बिना बतगड़ बनाये बच्चे वे कार्य करें जो उन्हें करना चाहिए। A a d D

52. जिन पति और पत्नियों के विचार भिन्न भिन्न हैं, वे भी बिना बाद–विवाद के अपना समायोजन कर सकते हैं। A a d D

53. पारिवारिक जीवन में रंग जाना एक कठिन कार्य है क्योंकि इससे एक व्यक्ति को बहुत सी दूसरी चीजें त्यागनी पड़ती हैं। A a d D

54. माता–पिता के प्रति वफादारी जरूरत से ज्यादा बल दिये जाने वाला गुण है। A a d D

55. एक पुरुष को अपने परिवार में वातावरण शान्त एवं स्वच्छ बनाये रखने के लिए कभी–कभी डांट–डपट की आवष्यकता पड़ती है। A a d D

56. कठोर प्रशिक्षण (ट्रेनिंग) से बच्चे नाखुश हो जाते हैं। A a d D

57. स्वाभाविक रूप से बच्चे यौन के प्रति जिज्ञासा रखते हैं। A a d D

58. परिवार में माँ के पास ही सर्वाधिक सत्ता होनी चाहिए। A a d D

59. पारिवारिक कार्यों के संचालन में पत्नियों को अपनी राय अधिक से अधिक देने के लिए प्रोत्साहित करना चाहिए। A a d D

60. बच्चे के लिए सबसे अच्छी मनोवृति यह होनी चाहिए कि वह यह सीखे कि वस्तुऐं जैसी हैं, वैसा ही उन्हें न अपनायें वरन् अपनी स्थिति में उन्नति करने के लिए कार्य करें। A a d D

61. बच्चों को हमेशा यह सीखना चाहिए कि वे अपना लड़ाई–झगड़ा स्वयं लड़ें। A a d D

62. बच्चों को उनसे सम्बन्धित हर मसले पर स्वतंत्र विचार प्रकट करने के लिए प्रोत्साहित किया जाना चाहिए। A a d D

63. जो बच्चे आत्म–विश्वासी बना दिये जाते हैं वे सबसे ज्यादा प्यार करने वाले होते हैं। A a d D

64. आप बच्चों को कोड़े मारकर प्रशिक्षण (ट्रेनिंग) नहीं दे सकते। A a d D

| | | | | | |
|---|---|---|---|---|---|
| 65. | एक नवयुवा बच्चे के प्रति हमेशा पूर्णतया ईमानदार बने रहना बहुत कठिन कार्य है। | A | a | d | D |
| 66. | क्रूर माता–पिता ही बच्चे को शारीरिक दण्ड देते हैं। | A | a | d | D |
| 67. | पुरुष तबतक यह नहीं जानते हैं कि स्वतंत्र रहकर वह कितना आनन्द उठा सकते हैं जब तक कि वे पारिवारिक जीवन व्यतीत करना नहीं शुरू कर देते। | A | a | d | D |
| 68. | बच्चों को यह आज्ञा होनी चाहिए कि जब उन्हें कोई मारे (dit) तो बदले में वे भी उसे मार दें। | A | a | d | D |
| 69. | बच्चों को यह नहीं सिखाना चाहिए कि वे हमेशा ही किसी अन्य की अपेक्षा अपने माता–पिता को ही सबसे ज्यादा प्यार करें। | A | a | d | D |
| 70. | जब बच्चा यह सोचता है कि उसके माता–पिता गलत हैं तो उसे यह बात कह देनी चाहिए। | A | a | d | D |
| 71. | एक व्यक्ति को घर पर गुस्सा होने एवं चिड़चिढ़ाने का अधिकार तब है, जबकि परिवार में उसे आराम (relax) करने का मौका नहीं दिया जाता। | A | a | d | D |
| 72. | बच्चों को यौन के बारे में चेतावनी देना बहुत हानिकारक है, कभी–कभी वे यौन खेल में संलग्न होते हैं, तो इसमें कोई हानि नहीं हैं | A | a | d | D |
| 73. | पत्नियाँ अक्सर पति को नकारने में बच्चों को आड़ के रूप में लेती हैं। | A | a | d | D |
| 74. | वह माता या पिता बच्चों की बहुत हानि करते हैं जब वे उन्हें यह सिखाते हैं कि वे इस परेशानी को अभिव्यक्त न करें जिसके लिए वे अन्दर से परेशान हैं। | A | a | d | D |
| 75. | बच्चों को यह नहीं सिखाना चाहिए कि व्यक्ति क्या करना चाति है तथा वह वास्तव में क्या कर सकता हैं। | A | a | d | D |
| 76. | जो बच्चा इस विचार के साथ आगे बढ़ता है कि उसे स्वयं के जिए संभवतः हर कुछ करना पड़ेगा, वह जीवन के काफी कुछ प्राप्त कर सकता है। | A | a | d | D |
| 77. | पारिवारिक जीवन और भी ज्यादा सुखी हो जाय यदि माता–पिता अपने बच्चे को यह महसूस करायें कि वे किसी भी चीज के बारे में जो कुछ भी सोचते हैं, उसे कहने के लिए स्वतंत्र हैं। | A | a | d | D |
| 78. | आपको बच्चों को उनके बहुत से कार्यों को करने के तरीकों के लिए बेबकूफ बनाना पड़ता है, क्योंकि वे नहीं समझते कि उन्हें वह दूसरे तरीके से भी कर लेना चाहिए था। | A | a | d | D |

79. विवाह के पूर्व बहुत से पुरुष यह नहीं समझते हैं कि परिवार का कितना बोझ और उत्तरदायित्व हो सकता है। A a d D

80. अच्छा बच्चा उसके अपने अधिकारों को लिए लड़ना सीखता है। A a d D

81. विभिन्न विचारों के लोगों मिलने से रोककर बच्चे के विश्वास को अपने माता–पिता के प्रति सुरक्षित रखने की कोशिश नहीं करनी चाहिए। A a d D

82. आदर्श गृह वह है जिसमें सभी लोगों को यह स्पष्ट हो कि माँ घर की मुखिया (Leader) है। A a d D

83. बहुत सी पत्नियाँ अपनी सहेलियों, सम्बन्धियों या बच्चों के साथ इतना संलग्न हो जाती हैं कि वे उस व्यक्ति के बारे में भूल जाती हैं, जिससे उन्होंने विवाह किया है।A a d D

84. आजकल के पतियों के साथ यह एक समस्या हैं कि वे पत्नियों के अधिकारों, जिन्हें वे रख सकें व कह सकें के लिए कोई सम्मान नहीं रखते। A a d D

85. जो बच्चा अन्दर कितना ही अस्त–व्यस्त क्यों न हो किन्तु बाहर से शान्त एवं नम्र दिखाई देता है, लोगों के साथ ठीक–ठीक समायोजित नहीं हो पाता। A a d D

86. बच्चों को यह नहीं सिखाना चाहिए कि जीवन जैसा है, वैसे ही वे सन्तुष्ट रहें, वरन् उन्हें अपनी परिस्थिति सुधारने के लिए हा प्रयत्न करना चाहिए। A a d D

87. बच्चों को अपने माता–पिता से असहमति प्रकट करने की स्वतंत्रता होनी चाहिए, यदि वे (बच्चे) समझते हैं कि उनके अपने विचार अच्छे हैं।

88. जो बच्चे बड़ों (वयस्कों) से भयभीत रहते हैं मुसीबत में पड़ जाते हैं। A a d D

89. जब आप थोड़ा सा चतुर बनकर बच्चों से वह सब कुछ करवा सकते हैं जो आप करवाना चाहते हैं, तो उन्हें लम्बा व्याख्यान देकर समय बर्बाद करना व्यर्थ है। A a d D

90. विवाह के बाद व्यक्ति को लड़ाई झगड़ों से बचने के लिए अपने अधिकारी का निर्धारण कर लेना चाहिए। A a d D

91. एक बच्चा माँ (या पिता) जो उसे बहुत पीटती है, के बारे में उसी तरह नहीं महसूस करता, जैसा वह पिता (या मां), जो उसे नहीं पीटते हैं, के बारे में महसूस करता है।A a d D

92. बहुत से नवयुवक पिता किसी अन्य की अपेक्षा इसी भावना से बहुत परेशान हैं कि वे घर से बहुत ज्यादा बंध गये हैं। A a d D

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|---|---|---|---|---|---|
| 93. | अधिकांश माता–पिता शान्त स्वभाव वाले बच्चे की अपेक्षा ऊधमी बचचे को ज्यादा पसन्द करते हैं। | A | a | d | D |
| 94. | बच्चों को अपने माता–पिता के विचारों की घर से बाहर सीखे विचारों के साथ तुलना करके अपने लिए सोचना सीखना चाहिए। | A | a | d | D |
| 95. | माता–पिता द्वारा कभी–कभी बच्चों को वे कार्य भी करने देने चाहिए जो उनसे करवाने उचित नहीं समझे जावें। | A | a | d | D |
| 96. | बहुत से सद्व्यवहृत बच्चे यौन (मग) के बारे में जिज्ञासा रखते हैं। | A | a | d | D |
| 97. | कदाचित ही ऐसी पत्नियाँ होती हैं जो विवाह के बाद भी अपने पति पर पूरा ध्यान दिए रखती हैं। | A | a | d | D |
| 98. | एक पत्नी की माता अक्सर उसे यह विचार देती है कि जएो कुछ उसका पति कहे उसे उसका सम्मान करना चाहिए। | A | a | d | D |
| 99. | माता–पिता द्वारा बच्चों को यह सिखाया जाना चाहिए कि वे अपनी भावनाओं को जितनी जल्दी समझ लें तुरन्त अभिव्यक्त कर दें। | A | a | d | D |
| 100. | वृद्धि में मुख्य बात सीखनी होती है, चीजों को जैसा है वैसा ही लेना नहीं, बल्कि जीवन में अपनी दशा को सुधारना है। | A | a | d | D |

 

Indian Adaptation of PARI (Mother Form) Appendix-IIb

# [Parental Attitude Research Instrument]

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बालक का नाम.....कक्षा.....अवस्था.....

विद्यालय का नाम.....

माता/पिता का नाम.....

पता.....

## निर्देश

अगले पृष्ठों पर लिखित वाक्यों को सावधानी से पढ़िये तथा प्रत्येक वाक्य के सम्मुख निम्न चार विकल्पों में किसी एक को घेर कर निशान लगाइये।

| *A* | *a* | *d* | *D* |
|---|---|---|---|
| पूर्ण सहमत | सहमत | असहमत | पूर्ण असहमत |

यदि आप उस वसक्य से पूर्ण रूप से सहमत हैं तो *A* को गोले से (*A*) घेर दीजिए।यदि सहमत हों तो a को (a) इस प्रकार घेर दीजिए। इसी प्रकार जिस वाक्य से आप असहमत हों तो उसे (*d*) इस प्रकार घेर दीजिए तथा जिस वाक्य से आप पूर्ण असहमति रखते हों उसमें *D* को गोले में से (*d*) घेर दीजिए।

किसी उत्तर के गलत या सही होने का प्रश्न नहीं है। अतः आप जो उत्तर ठीक समझती हों उसी को दें। यही अत्यन्त आवश्यक है कि आप प्रत्येक वाक्य को पढ़कर उसका उत्तर दें।

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|---|---|---|---|---|
| 16. बच्चों को अपनी समस्याओं के बारे में बात करने के लिए प्रोत्साहित किया जाना चाहिए। | A | a | d | D |
| 17. पिता सामान्यतः दयालु एवं सहायता करने वाले होते हैं। | A | a | d | D |
| 18. बच्चों को यौन (Sex) के बारे में जितनी जल्दी हो सके शिक्षा देनी चाहिए। | A | a | d | D |
| 19. घर के लिए नियम बनाना माँ का नहीं हैं। | A | a | d | D |
| 20. एक बच्चे के विचार और सोचने का तरीका उसकी अपनी चीज है। | A | a | d | D |
| 21. बच्चे अधिक सुखी एवं अच्छा व्यवहार काने वाले होंगे यदि माता पिता उनके कार्यों में अपनी रूचि दिखाते हैं। | A | a | d | D |
| 22. पन्द्रह माह की आयु तक बहुत कम बच्चे मल–मूत्र त्यागने पर नियन्त्रण रखना सीख पाते हैं। | A | a | d | D |
| 23. एक नई मां को मातृत्व के प्रथम अनुभव की प्रक्रिया में किसी की आवश्यकता नहीं होती है। | A | a | d | D |
| 24. बच्चों को इसके लिए प्रोत्साहित करना चाहिए कि वे अपने मां–बाप से जब कभी भी पारिवारिक नियमों को गलत समझें साफ–साफ कह सकें। | A | a | d | D |
| 25. एक बच्चे को यह भी सीखना चाहिए कि उसे कभी निराश भी होना पड़ सकता है। | A | a | d | D |
| 26. एक अच्छी माँ का सामाजिक जीवन सक्रिय होता है। | A | a | d | D |
| 27. बच्चे को आप डाट–डपट कर एवं दण्ड देकर अच्छा व्यवहार करने वाला नहीं बना सकतीं। | A | a | d | D |
| 28. इसका कोई कारण नहीं है कि माँ अपने को और अपने बच्चे को सुखी न रख सके। | A | a | d | D |
| 29. अधिकांश नई माता अपने शिशु को पकड़ने अथवा गोदी लेने में उसे चोट लगने अधिक परवाह नही करती है। | A | a | d | D |
| 30. एक अच्छी पत्नी अपने पति से कभी बहस नहीं करती है। | A | a | d | D |
| 31. बहुत कठोर नियन्त्रण में बच्चे नीच प्रकृति के तथा उद्दण्ड बन जाते हैं। | A | a | d | D |
| 32. अधिकांश माताऐं उस सीमा पर नहीं पहुंच पातीं हैं जहां वह अपने बच्चों का सामना न कर पायें। | A | a | d | D |
| 33. यदि माँ कभी गलती पर हो तो उसे अपने बच्चे से सामने स्वीकार कर लेनी चाहिए। | A | a | d | D |

34. बच्चों को सिखाया जाना चाहिए कि अनेक ऐसे व्यक्ति भी हैं जिनका आदर उसे अपने मां–बाप की तरह अथवा उससे भी ज्यादा करना चाहिए। A a d D

35. बच्चों को अपने लड़ाई झगड़े को निबटारा स्वयं करना चाहिए। A a d D

36. अधिकांश माताऐं अपने बच्चों के पास ही हमेशा रहने में सुख का अनुभव करती हैं। A a d D

37. माता–पिता को अपने कार्यों द्वारा ही बच्चों का आदर पाना चाहिए। A a d D

38. बच्चों को बड़ा होकर ही सफल होने की कोशिश करना चाहिए क्योंकि उसके बाद (बड़ा हो जाने पर) भी सफलता के अनेक अवसर होते हैं। A a d D

39. बच्चों को अपनी कठिनाईयों एवं परेशानियों को कहने के लिए हमेशा प्रोत्साहित करना चाहिए। A a d D

41. एक ही नहाने के टव में छोटे लड़कों एवं लड़कियों के नहाने में कोई बुराई नहीं है।

42. पतियों को अपनी रूचि के अनुसार काम करने की पूरी छूट होनी चाहिए। A a d D

43. वह परिवार सुखी रहता है जिसमें पति ही परिवार की अधिकांश समस्याऐं सुलझाता है। A a d D

44. बच्चों को अपनी गुप्त बातों को अपने तक ही रखने का अधिकार होना चाहिए। A a d D

45. बच्चों के हँसी के चुटकुलों पर हँसना तथा उन्हें ऐसे चुटकुले सुनाने से माँ–बच्चे का सम्बन्ध अच्छा रहता है। A a d D

46. शिशु को चलना शुरू करने से पहले जितना समय वह लेना चाहे, देना चाहिए न कि माता–पिता उसे जल्दी चलना सिखाने के लिए उस पर जोर डालें। A a d D

47. स्त्रियों को बच्चों का लालन–पालन बिना दूसरों की अधिक मदद लिए करना चाहिए। A a d D

48. एक बच्चे को अपना दृष्टिकोण रखने का तथा उसे प्रकट करने का पूरा अधिकार है। A a d D

49. बच्चे यदि चाहें तो उन्हें कठिन कार्य करने के लिए प्रोत्साहित करना चाहिए। A a d D

50. बच्चों को अपने माता–पिता से बॉस (अधिकारी) के रूप में देखने की कोई आवश्यकता नहीं होनी चाहिए। A a d D

51. अधिकांश बच्चे अपने माता–पिता के प्रति आभारी होते है। A a d D

52. बहुत छोटे बच्चों को ले जाने से मामूली दुर्घटना हो जाना तो अवश्यम्भावी है। A a d D

53. यदि पति–पत्नी एक दुसरे को प्यार करते हैं तो वैवाहिक जीवन में वाद–विवाद एवं बहस बहुत कम देखने को मिलती हैं। A a d D

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| 4. | यदि बच्चों को बहुत कठोर नियमों में पाला जाता है तो वे बड़े होकर खुश रहने वाले स्वभाव के नहीं रहते हैं। | A | a | d | D |
| 55. | अधिकांश माताऐं अपने बच्चों के साथ पूरा दिन व्यतीत करने के भी शान्त एवं धैर्यपूर्ण बनी रहती हैं। | A | a | d | D |
| 56. | बच्चों को प्रोत्साहित किया जाना चाहिए कि अपने प्रश्नों का उत्तर अथवा समस्याओं का समाधान दूसरे लोंगों से भी प्राप्त करें अगर यह उत्तर अथवा समाधान माता–पिता के उत्तर अथवा समाधान से विपरीत भी क्यों न हो। | A | a | d | D |
| 57. | अधिकांश बच्चे बहुत शीघ्र यह सीख जाते हैं (जानने लगते हैं) कि उनके माता–पिता के अनेकों विचार गलत हैं। | A | a | d | D |
| 58. | बच्चों का आपस में एक दूसरे से मार–पीट करना स्वभाविक गुण है। | A | a | d | D |
| 59. | अधिकांश युवा माताऐं अपना अधिकांश समय घर पर ही व्यतीत करने को बुरा नहीं मानती हैं। | A | a | d | D |
| 60. | बच्चों को प्रायः अपनी इच्छा के विरूद्ध दूसरों से समझोता तथा समायोजन करने के लिए बाध्य किया जाता है। | A | a | d | D |
| 61. | बच्चों को खाने और खेलने के लिए पर्याप्त समय होना चाहिए। | A | a | d | D |
| 62. | माता को अपने बच्चे की किसी भी समस्या चाहे वह कितनी ही मामूली क्यों न हों, के प्रति जागरूक रहना चाहिए। | A | a | d | D |
| 63. | अधिकांश मामलों में पिता की अपेक्षा माता ही घर में परेशानियों के लिए अधिक जिम्मेदार होती हैं। | A | a | d | D |
| 64. | यौन खेल बच्चों के लिए सामान्य चीज है। | A | a | d | D |
| 65. | एक माता को परिवार सम्बन्धी योजना बनाने में अपने पति को प्राथमिकता देनी चाहिए तथा स्वयं को कम महत्व देना चाहिए। | A | a | d | D |
| 84. | बच्चों के लिए यह ठीक नहीं होता है कि वे स्थिर न रहकर एक काम से दूसरे काम की ओर भागते रहें। | A | a | d | D |
| 85. | माँ को अपने बच्चे की भावनाओं को ठेस न लगे इसके लिए चिन्तित रहना चाहिए। | A | a | d | D |

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| 86. | अधिकांश पति मातृत्व की समस्याओं के प्रति जागरूक रहते हैं। | A | a | d | D |
| 87. | यौन बच्चों के लिए कोई समस्या नहीं लेकिन माता–पिता इसे समस्या बना देते हैं। | | | | |
| 88. | परिवार पर नियन्त्रण रखना पिता का काम है। | A | a | d | D |
| 89. | माँ बन जाने का यह मतलब नहीं है कि उसे यह अधिकार नहीं है कि वह अपने बच्चों के जीवन के बारे में सब कुछ न जाने। | A | a | d | D |
| 90. | यदि माता–पिता बच्चों के साथ खेल–कूद में आनन्द लेते हैं तो बच्चे उनकी राय ज्यादा मानते हैं। | A | a | d | D |
| 113. | जब आप बच्चे के साथ मिलकर काम करती हैं तो बच्चे आपसे अधिक आत्मीयता का अनुभव करते हैं तथा आपसे सरलता से बात कर लेते हैं। | A | a | d | D |
| 114. | जितने अधिक समय तक शिशु को स्तापान कराया जाय या बोतल से दूध पिलाया जाय वह उतना ही अधिक अपने को सुरक्षित समझता है। | A | a | d | D |
| 115. | हर माँ को अपने शिशु की हिफाजत खुद करनी चाहिए। | A | a | d | D |

# LOCUS OF CONTROL SCALE

**Appendix-III**

नाम शिक्षा

ग्रामीण/शहरी जाति

दिनांक लिंग

निर्देश

आगे के पृष्ठों पर कुछ कथन दिये हुये हैं जिन्हें आप ध्यान से पढ़िये । प्रत्येक कथन के सामने पाँच सम्भावित उत्तर भी दिये हुए हैं । इन उत्तरों में से आपको एक उत्तर का चयन करना है । अगर एक कथन से आप पूर्ण रूप से सहमत हैं तो उसके आगे दिये गये स्थान पर ( ) का निशान लगाइये । परीक्षण को पूरा करने का प्रयास करिय । समय की पावन्दी नहीं हैं परन्तु फिर भी यथाशीघ्र करने का प्रयास करिये । ध्यान रहें कि आपको प्रत्येक कथन का उत्तर देना है ।

1- किसी नये कार्य को करने से पूर्व प्राय: मैं योजना बनाता हूँ

बहुत सावधानीपूर्वक सावधानीपूर्वक सामान्यत:

सावधानीपूर्वक नहीं बहुत सावधानीपूर्वक नहीं

2- मुझसे कोई नाराज हो जाता है तो मैं उससे मधुर सम्बन्ध बनाने का प्रयास करता हूँ

सदैव कभी-कभी सामान्यत:

कभी कभी नहीं कभी भी नहीं -

3- मुझे दण्डित किया जाता है, प्राय: जब मैं

सदैव गल्ती करता हूँ कभी कभी गल्ती करता हूँ

सामान्यत होता है - कभी-कभी गल्ती नहीं करता

कभी भी गल्ती नहीं करता

4- गलती हो जाने पर मेरा प्रयास रहता है,

उसे पूर्णत: सुधारना - सुधारना सामान्य-

उससे समायोजित होना- उससे पूर्णत: समायोजित होना -

5- किसी के कटु बचन कहने पर मैं उसकी अवहेलना करता हूँ,

सदैव कभी कभी सामान्यत:

कभी-कभी नहीं- कभी भी नहीं -

6- मैं अपने से बड़ों का आदर करता हूँ,

सदैव कभी-कभी सामान्यत: कभी कभी

कभी भी नहीं -

7- जब मेरे छोटे भाई-बहन मुझे चिढ़ाते हैं तो मैं उनकी अवहेलना करता हूँ,

सदैव कभी-कभी सामान्यत:

कभी कभी नहीं- कभी भी नहीं-

8- जब मुझे किसी कार्य को करने के लिए कहा जाता है तो मैं उसे करता हूँ,

सदैव क भी-कभी सामान्यत:

कभी-कभी नहीं- कभी भी नहीं -

9- जब मेरे छोटे भाई बहन मुझसे अच्छा व्यवहार नहीं करते तो मैं,

बहुत उत्तेजित होता हूँ उत्तेजित होता हूँ -

सामान्य रहता हूँ भयभीत होता हूँ बहुत भयभीत होता हूँ-

10- मेरी सफलता मेरे कठिन परिश्रम पर निर्भर करती है,

सदैव कभी-कभी सामान्यत: कभी-कभी नही

कभी भी नही

11-योग्यता और ज्ञान सफलता प्राप्ति से मुझे सहायता करती है-

सदैव कभी -कभी सामान्यत: कभी कभी नही

कभी भी नही

12- असफलता की सम्भावना होने पर भी मैं कठिन परिश्रम करता हूँ,

सदैव कभी-कभी सामान्यत: कभी- कभी नही

कभी भी नही

13- मेरी राय में होनहार विद्यार्थी किसी भी समस्या से डरते नही है,

सदैव कभी-कभी सामान्यत: कभी कभी नही

कभी भी नही

14- जब तक न मुझे लक्ष्य प्राप्त हो जाये, मैं प्रयत्नशील रहता हूँ,

सदैव कभी कभी सामान्यत: कभी-कभी नही

कभी भी नही

15- मेरी राय में बच्चों के बिगड़ने का कारण है माता-पिता का गलत अनुशासन,

सदैव कभी-कभी सामान्यत: कभी-कभी नही

कभी भी नही

16- मैं सफलता प्राप्ति में भाग्य को कोई महत्व नही देता,

सदैव कभी-कभी सामान्यत: कभी-कभी नही

कभी भी नही

17- परिश्रम के साथ-साथ सफलता के लिए अच्छे भाग्य को होना भी आवश्यक है।

सदैव कभी-कभी सामान्यत: कभी-कभी नही

कभी भी नही

18- मैं दूसरों की सलाह को ध्यान में रखकर कार्य करता हूँ,

सदैव कभी-कभी सामान्यत: कभी-कभी नही

कभी भी नही

19- मैं दुख: का कारण दुर्भाग्य को मानता हूँ,

सदैव कभी-कभी सामान्यत: कभी-कभी नही

कभी भी नही

20-इस संसार में पैसे से सब कुछ प्राप्त किया जा सकता है,

सदैव कभी-कभी सामान्यत: कभी-कभी नही

कभी भी नही

21- अधिक सफलता अधिक प्रयास के लिए प्रेरित करती है,

सदैव कभी-कभी सामान्यत: कभी-कभी नही

कभी भी नही

22- स्वयं को अभागा समझने वाला व्यक्ति जीवन में कुछ नही कर सकता,

सदैव कभी-कभी सामान्यत: कभी-कभी नही

कभी भी नही

23- जब मुझे डांट पड़ती है तो मैं अक्सर,

बहुत उत्तेजित होता हूँ- उत्तेजित होता हूँ

सामान्य रहता हूँ- उत्तेजित नही होता हूँ-

~~**~~- बिल्कुल उत्तेजित नही होता हूँ-

24- यह जानते हुए भी कि मेरे साथ अन्याय हो रहा है,मैं चुप रहने का प्रयास करता हूँ।

सदैव कभी-कभी सामान्यत: कभी-कभी नही

कभी भी नही-

25- जब मेरी जरूरतें पूरी नही की जाती है तो मैं,

बहुत उत्तेजित हो जाता हूँ- उत्तेजित होजाता हूँ-

सामान्य रहता हूँ- उत्तेजित नही होता हूँ-

बिल्कुल उत्तेजित नही होता हूँ-

26- लोग आपसे सहानुभूति करते है, क्योकि आप दया के योग्य है,

सदैव कभी-कभी सामान्यत: कभी कभी नही

कभी नही-

27- लोग आपको पसंद करते है, इसलिए आपकी सहायता करते है,

सदैव कभी-कभी सामान्यत: कभी-कभी नही

कभी नही-

28-आपको उपहार इसलिए प्राप्त होते है, क्यों कि लोग आपको देना चाहते है,

सदैव अधिकतर कभी-कभी सामान्यत:

कभी नही-

29- लोग आपके साथ बुरा व्यवहार करते है, तब आप दुखी हो जाते है,

सदैव अधिकतर कभी-कभी सामान्यत:

कभी नही

30- बच्चे आपके साथ नही खेलते, क्योंकि आप उनका साथ नही दे सकते,

सदैव अधिकतर कभी-कभी सामान्यत:

कभी नही

31- आप गिर पड़ते है, क्यों कि आप सावधान नही रहते है,

सदैव अधिकतर कभी-कभी सामान्यत:

कभी नही-

32- लोग आपको बेकार और बोझ समझते है,

सदैव- अधिकतर कभी-कभी सामान्यत:

कभी नही-

33- आपको सहायता इसलिए की जाती है, आपको उसकी आवश्यकता है,

सदैव अधिकतर कभी-कभी सामान्यत:

कभी नही-

34- आप प्राय: अकेले रहते है, क्योंकि दूसरे बच्चे आपको पसन्द नही करते,

सदैव अधिकतर कभी-कभी सामान्यत:

कभी नही-

Appendix-IV-

हर मनुष्य के व्यक्तित्व की कुछ विशेषतायें होती हैं जिनके द्वारा वह जाना जाता है । यह विशेषतायें सब मनुष्यों में समान अंश में नहीं पायी जाती हैं । नीचे इसीप्रकार की कुछ विशेषतायें दी गई हैं आपको यह अनुमान करना है कि अमुक विशेषतायें आपके अन्दर के अंश तक पायी जाती हैं । इसका उत्तर हर विशेषता के सामने दिये हुये पाँच विकल्पों में से किसी एक पर ✓ निशान लगाकर इस प्रकार दी जायें कि आपका व्यक्तित्व पूर्ण रूप से प्रकट हो जाये –

| | अत्यधिक | अधिक | कुछ | बहुत कम | बिल्कुल नहीं |
|---|---|---|---|---|---|
| 1- स्वंय को वातावरण के अनुकूल बना लेने वाला | | | | | |
| 2- उग्र | | | | | |
| 3- महत्वकांक्षी | | | | | |
| 4- चिन्तित | | | | | |
| 5- झक झक करने वाला | | | | | |
| 6- तानाशाह | | | | | |
| 7- रोब जमाने वाला | | | | | |
| 8- शान्त | | | | | |
| 9- गुणी, योग्य | | | | | |
| 10-प्रसन्नचित्त | | | | | |
| 11-दूसरों का काम करने वाला | | | | | |
| 12-डरपोक | | | | | |
| 13-आत्म विवेकी | | | | | |
| 14-दयालीह | | | | | |
| 15-निराश | | | | | |
| 16-प्रबल | | | | | |
| 17-परिश्रम से बचने वाला | | | | | |
| 18-अहंकारी | | | | | |
| 19-झुककर डरने वाला | | | | | |
| 20-जोरदार | | | | | |
| 21-क्षमाशील | | | | | |
| 22-उदासचित | | | | | |
| 23-अच्छे स्वभाव वाला | | | | | |
| 24-निर्दयी | | | | | |
| 25-परिश्रमी | | | | | |
| 26-पहल करने वाला | | | | | |
| 27-चिढ़ने वाला | | | | | |
| 28-दयालु | | | | | |
| 29-आराम पसन्द | | | | | |
| 30-तौर तरीके वाला | | | | | |

| | अत्यधिक | | अधिक | | कुछ | | बहुत कम | | बिल्कुल नहीं | |
|---|---|---|---|---|---|---|---|---|---|---|
| 31-ढीला, ढाला, कमजोर | | | | | | | | | | |
| 32-सताने वाला | | | | | | | | | | |
| 33-योजना बनाने वाला | | | | | | | | | | |
| 34-सुखद | | | | | | | | | | |
| 35-प्रशंसक | | | | | | | | | | |
| 36-झगड़ालू | | | | | | | | | | |
| 37-विद्रोही | | | | | | | | | | |
| 38-तरकीब निकाल लेनेवाला | | | | | | | | | | |
| 39-स्वंय को दण्डितकरनेवाला | | | | | | | | | | |
| 40-साधनहीन | | | | | | | | | | |
| 41-कोमल हृदय वाला | | | | | | | | | | |
| 42-दब्बू | | | | | | | | | | |
| 43-सुझाव में आ जानेवाला | | | | | | | | | | |
| 44-सहानुभूतिपूर्ण | | 7 | | | | | | | | |
| 45-बातूनी | | | | | | | | | | |
| 46-सहनशील | | | | | | | | | | |
| 47-महत्वकांक्षी न होनेवाला | | | | | | | | | | |
| 48-कमजोर | | | | | | | | | | |
| 49-गरमजोशी | | | | | | | | | | |

नाम आयु

पिता/अभिभावक की मासिक आय
और व्यवसाय

Appendix-V

**Excluded Variables[g]**

| Model | | Beta In | t | Sig. | Partial Correlation | Collinearity Statistics: Tolerance |
|---|---|---|---|---|---|---|
| 1 | sex | .028[a] | .348 | .729 | .035 | .970 |
| | locus | .045[a] | .566 | .573 | .057 | .993 |
| | needAgg | -.190[a] | -2.064 | .042 | -.205 | .709 |
| 2 | sex | -.009[b] | -.154 | .878 | -.016 | .965 |
| | bornA | .019[b] | .324 | .746 | .033 | .976 |
| | locus | -.118[b] | -2.041 | .044 | -.204 | .915 |
| | internalEXT | .185[b] | 3.107 | .002 | .302 | .822 |
| | needAgg | -.122[b] | -1.829 | .071 | -.183 | .701 |
| | needaffiliation | .160[b] | 2.553 | .012 | .252 | .759 |
| | needabs | -.168[b] | -2.713 | .008 | -.267 | .776 |
| | needachieve | .182[b] | 3.234 | .002 | .313 | .912 |
| | intextrn | .073[b] | 1.171 | .244 | .119 | .817 |
| | HAFather | -.017[b] | -.306 | .760 | -.031 | .993 |
| | PAF | .005[b] | .084 | .933 | .009 | .975 |
| | HAMother | .126[b] | 2.252 | .027 | .224 | .979 |
| | pam | -.062[b] | -1.061 | .292 | -.108 | .930 |
| 3 | sex | .002[c] | .041 | .968 | .004 | .962 |
| | bornA | .014[c] | .265 | .792 | .027 | .975 |
| | locus | -.123[c] | -2.226 | .028 | -.223 | .915 |
| | internalEXT | .161[c] | 2.770 | .007 | .273 | .804 |
| | needAgg | -.108[c] | -1.693 | .094 | -.171 | .698 |
| | needaffiliation | .156[c] | 2.606 | .011 | .258 | .759 |
| | needabs | -.164[c] | -2.772 | .007 | -.274 | .775 |
| | intextrn | .085[c] | 1.433 | .155 | .145 | .814 |
| | HAFather | -.013[c] | -.234 | .815 | -.024 | .992 |
| | PAF | -.003[c] | -.048 | .962 | -.005 | .973 |
| | HAMother | .155[c] | 2.926 | .004 | .288 | .958 |
| | pam | -.082[c] | -1.473 | .144 | -.149 | .919 |
| 4 | sex | .010[d] | .196 | .845 | .020 | .959 |
| | bornA | -.009[d] | -.176 | .860 | -.018 | .952 |
| | locus | -.119[d] | -2.235 | .028 | -.225 | .914 |
| | internalEXT | .142[d] | 2.501 | .014 | .250 | .792 |
| | needAgg | -.079[d] | -1.260 | .211 | -.129 | .677 |
| | needaffiliation | .155[d] | 2.691 | .008 | .267 | .759 |
| | needabs | -.151[d] | -2.635 | .010 | -.262 | .770 |
| | intextrn | .075[d] | 1.309 | .194 | .134 | .811 |
| | HAFather | -.016[d] | -.302 | .763 | -.031 | .992 |
| | PAF | .003[d] | .059 | .953 | .006 | .972 |
| | pam | -.003[d] | -.044 | .965 | -.005 | .683 |
| 5 | sex | .017[e] | .334 | .739 | .035 | .957 |
| | bornA | -.019[e] | -.364 | .717 | -.038 | .947 |
| | locus | -.104[e] | -1.994 | .049 | -.202 | .902 |
| | internalEXT | .124[e] | 2.222 | .029 | .224 | .778 |
| | needAgg | -.070[e] | -1.147 | .254 | -.118 | .675 |
| | needabs | -.138[e] | -2.469 | .015 | -.248 | .764 |
| | intextrn | .083[e] | 1.502 | .137 | .154 | .809 |
| | HAFather | -.005[e] | -.091 | .928 | -.009 | .985 |
| | PAF | .004[e] | .081 | .935 | .008 | .972 |
| | pam | .001[e] | .008 | .993 | .001 | .683 |

**Excluded Variables[g]**

| Model | | Beta In | t | Sig. | Partial Correlation | Collinearity Statistics: Tolerance |
|---|---|---|---|---|---|---|
| 6 | sex | .008[f] | .154 | .878 | .016 | .951 |
| | bornA | -.030[f] | -.594 | .554 | -.062 | .940 |
| | locus | -.092[f] | -1.797 | .076 | -.184 | .893 |
| | internalEXT | .098[f] | 1.734 | .086 | .178 | .737 |
| | needAgg | -.071[f] | -1.194 | .236 | -.124 | .675 |
| | intextrn | .094[f] | 1.746 | .084 | .179 | .804 |
| | HAFather | .002[f] | .036 | .971 | .004 | .982 |
| | PAF | .004[f] | .075 | .941 | .008 | .972 |
| | pam | -.023[f] | -.390 | .697 | -.041 | .665 |

a. Predictors in the Model: (Constant), intextAB

b. Predictors in the Model: (Constant), intextAB, needdom

c. Predictors in the Model: (Constant), intextAB, needdom, needachieve

d. Predictors in the Model: (Constant), intextAB, needdom, needachieve, HAMother

e. Predictors in the Model: (Constant), intextAB, needdom, needachieve, HAMother, needaffiliation

f. Predictors in the Model: (Constant), intextAB, needdom, needachieve, HAMother, needaffiliation, needabs

g. Dependent Variable: adjustment

**Variables Entered/Removed[a]**

| Model | Variables Entered | Variables Removed | Method |
|---|---|---|---|
| 1 | intextAB | . | Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100). |
| 2 | needdom | . | Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100). |
| 3 | needachieve | . | Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100). |
| 4 | HAMother | . | Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100). |
| 5 | needaffiliation | . | Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100). |
| 6 | needabs | . | Stepwise (Criteria: Probability-of-F-to-enter <= .050, Probability-of-F-to-remove >= .100). |

**a. dependent variable : adjustment**

**Coefficients[a]**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 227.593 | 5.354 | | 42.505 | .000 |
| | intextAB | -25.623 | 2.218 | -.759 | -11.554 | .000 |
| 2 | (Constant) | 257.330 | 6.726 | | 38.258 | .000 |
| | intextAB | -20.349 | 2.090 | -.603 | -9.734 | .000 |
| | needdom | -1.425 | .236 | -.375 | -6.045 | .000 |
| 3 | (Constant) | 232.929 | 9.907 | | 23.511 | .000 |
| | intextAB | -18.798 | 2.052 | -.557 | -9.159 | .000 |
| | needdom | -1.368 | .226 | -.360 | -6.063 | .000 |
| | needachieve | .640 | .198 | .182 | 3.234 | .002 |
| 4 | (Constant) | 209.110 | 12.540 | | 16.676 | .000 |
| | intextAB | -18.191 | 1.987 | -.539 | -9.156 | .000 |
| | needdom | -1.306 | .218 | -.343 | -5.980 | .000 |
| | needachieve | .723 | .193 | .206 | 3.752 | .000 |
| | HAMother | .065 | .022 | .155 | 2.926 | .004 |
| 5 | (Constant) | 184.251 | 15.261 | | 12.073 | .000 |
| | intextAB | -16.016 | 2.087 | -.475 | -7.673 | .000 |
| | needdom | -1.231 | .213 | -.323 | -5.769 | .000 |
| | needachieve | .712 | .187 | .202 | 3.811 | .000 |
| | HAMother | .065 | .022 | .154 | 3.000 | .003 |
| | needaffiliation | .619 | .230 | .155 | 2.691 | .008 |
| 6 | (Constant) | 198.501 | 15.945 | | 12.449 | .000 |
| | intextAB | -14.064 | 2.181 | -.417 | -6.447 | .000 |
| | needdom | -1.240 | .208 | -.326 | -5.964 | .000 |
| | needachieve | .697 | .182 | .198 | 3.830 | .000 |
| | HAMother | .061 | .021 | .144 | 2.873 | .005 |
| | needaffiliation | .568 | .225 | .142 | 2.527 | .013 |
| | needabs | -.544 | .220 | -.138 | -2.469 | .015 |

a. Dependent Variable: adjustment

**Excluded Variables[g]**

| Model | | Beta In | t | Sig. | Partial Correlation | Collinearity Statistics |
|---|---|---|---|---|---|---|
| | | | | | | Tolerance |
| 1 | sex | -.072[a] | -1.091 | .278 | -.110 | 1.000 |
| | bornA | -.035[a] | -.532 | .596 | -.054 | 1.000 |
| | locus | -.182[a] | -2.802 | .006 | -.274 | .952 |
| | internalEXT | .285[a] | 4.597 | .000 | .423 | .934 |
| | needAgg | -.264[a] | -4.124 | .000 | -.386 | .906 |
| | needaffiliation | .209[a] | 2.906 | .005 | .283 | .773 |
| | needabs | -.170[a] | -2.326 | .022 | -.230 | .776 |
| | needachieve | .208[a] | 3.176 | .002 | .307 | .918 |
| | needdom | -.375[a] | -6.045 | .000 | -.523 | .826 |
| | intextrn | .127[a] | 1.787 | .077 | .179 | .836 |
| | HAFather | .010[a] | .153 | .878 | .016 | .999 |
| | PAF | -.043[a] | -.647 | .519 | -.066 | .994 |
| | HAMother | .154[a] | 2.382 | .019 | .235 | .986 |
| | pam | -.092[a] | -1.355 | .179 | -.136 | .937 |

**Model Summary**

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | .759[a] | .577 | .572 | 22.54873 |
| 2 | .832[b] | .693 | .686 | 19.31655 |
| 3 | .850[c] | .723 | .714 | 18.43844 |
| 4 | .864[d] | .746 | .735 | 17.75253 |
| 5 | .874[e] | .764 | .751 | 17.19663 |
| 6 | .882[f] | .778 | .764 | 16.74881 |

a. Predictors: (Constant), intextAB

b. Predictors: (Constant), intextAB, needdom

c. Predictors: (Constant), intextAB, needdom, needachieve

d. Predictors: (Constant), intextAB, needdom, needachieve, HAMother

e. Predictors: (Constant), intextAB, needdom, needachieve, HAMother, needaffiliation

f. Predictors: (Constant), intextAB, needdom, needachieve, HAMother, needaffiliation, needabs

**ANOVA[g]**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 67877.326 | 1 | 67877.326 | 133.500 | .000[a] |
| | Residual | 49827.634 | 98 | 508.445 | | |
| | Total | 117704.96 | 99 | | | |
| 2 | Regression | 81511.433 | 2 | 40755.717 | 109.227 | .000[b] |
| | Residual | 36193.527 | 97 | 373.129 | | |
| | Total | 117704.96 | 99 | | | |
| 3 | Regression | 85067.251 | 3 | 28355.750 | 83.405 | .000[c] |
| | Residual | 32637.709 | 96 | 339.976 | | |
| | Total | 117704.96 | 99 | | | |
| 4 | Regression | 87765.505 | 4 | 21941.376 | 69.622 | .000[d] |
| | Residual | 29939.455 | 95 | 315.152 | | |
| | Total | 117704.96 | 99 | | | |
| 5 | Regression | 89906.909 | 5 | 17981.382 | 60.805 | .000[e] |
| | Residual | 27798.051 | 94 | 295.724 | | |
| | Total | 117704.96 | 99 | | | |
| 6 | Regression | 91616.359 | 6 | 15269.393 | 54.432 | .000[f] |
| | Residual | 26088.601 | 93 | 280.523 | | |
| | Total | 117704.96 | 99 | | | |

a. Predictors: (Constant), intextAB

b. Predictors: (Constant), intextAB, needdom

c. Predictors: (Constant), intextAB, needdom, needachieve

d. Predictors: (Constant), intextAB, needdom, needachieve, HAMother

e. Predictors: (Constant), intextAB, needdom, needachieve, HAMother, needaffiliation

f. Predictors: (Constant), intextAB, needdom, needachieve, HAMother, needaffiliation, needabs

g. Dependent Variable: adjustment

**Coefficients[a]**

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|---|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 240.510 | 9.093 | | 26.450 | .000 |
| | needdom | -2.383 | .300 | -.626 | -7.951 | .000 |
| 2 | (Constant) | 273.930 | 10.162 | | 26.956 | .000 |
| | needdom | -2.091 | .270 | -.550 | -7.743 | .000 |
| | needabs | -1.502 | .280 | -.381 | -5.363 | .000 |
| 3 | (Constant) | 224.189 | 15.404 | | 14.554 | .000 |
| | needdom | -1.812 | .260 | -.476 | -6.976 | .000 |
| | needabs | -1.226 | .269 | -.311 | -4.565 | .000 |
| | needaffiliation | 1.142 | .280 | .286 | 4.084 | .000 |
| 4 | (Constant) | 195.128 | 16.277 | | 11.988 | .000 |
| | needdom | -1.686 | .245 | -.443 | -6.876 | .000 |
| | needabs | -1.132 | .252 | -.287 | -4.484 | .000 |
| | needaffiliation | 1.055 | .263 | .264 | 4.018 | .000 |
| | needachieve | .839 | .219 | .238 | 3.837 | .000 |
| 5 | (Constant) | 167.824 | 17.420 | | 9.634 | .000 |
| | needdom | -1.484 | .240 | -.390 | -6.178 | .000 |
| | needabs | -1.086 | .240 | -.275 | -4.526 | .000 |
| | needaffiliation | .999 | .250 | .250 | 3.999 | .000 |
| | needachieve | .836 | .207 | .237 | 4.028 | .000 |
| | intextrn | .745 | .220 | .204 | 3.390 | .001 |
| 6 | (Constant) | 146.545 | 18.837 | | 7.780 | .000 |
| | needdom | -1.427 | .234 | -.375 | -6.090 | .000 |
| | needabs | -1.023 | .234 | -.259 | -4.366 | .000 |
| | needaffiliation | .990 | .243 | .248 | 4.078 | .000 |
| | needachieve | .910 | .204 | .259 | 4.469 | .000 |
| | intextrn | .700 | .214 | .192 | 3.265 | .002 |
| | HAMother | .062 | .024 | .147 | 2.571 | .012 |

a. Dependent Variable: adjustment

**ANOVA[g]**

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|---|
| 1 | Regression | 46153.771 | 1 | 46153.771 | 63.214 | .000[a] |
| | Residual | 71551.189 | 98 | 730.114 | | |
| | Total | 117704.96 | 99 | | | |
| 2 | Regression | 62516.645 | 2 | 31258.322 | 54.940 | .000[b] |
| | Residual | 55188.315 | 97 | 568.952 | | |
| | Total | 117704.96 | 99 | | | |
| 3 | Regression | 70684.317 | 3 | 23561.439 | 48.104 | .000[c] |
| | Residual | 47020.643 | 96 | 489.798 | | |
| | Total | 117704.96 | 99 | | | |
| 4 | Regression | 76994.742 | 4 | 19248.685 | 44.918 | .000[d] |
| | Residual | 40710.218 | 95 | 428.529 | | |
| | Total | 117704.96 | 99 | | | |
| 5 | Regression | 81429.831 | 5 | 16285.966 | 42.202 | .000[e] |
| | Residual | 36275.129 | 94 | 385.906 | | |
| | Total | 117704.96 | 99 | | | |
| 6 | Regression | 83837.515 | 6 | 13972.919 | 38.370 | .000[f] |
| | Residual | 33867.445 | 93 | 364.166 | | |
| | Total | 117704.96 | 99 | | | |

a. Predictors: (Constant), needdom

b. Predictors: (Constant), needdom, needabs

c. Predictors: (Constant), needdom, needabs, needaffiliation

d. Predictors: (Constant), needdom, needabs, needaffiliation, needachieve

e. Predictors: (Constant), needdom, needabs, needaffiliation, needachieve, intextrn

f. Predictors: (Constant), needdom, needabs, needaffiliation, needachieve, intextrn, HAMother

g. Dependent Variable: adjustment

Appendix-VI

# TYPES OF DISABILITIES

**Physical Disability**

- Mobiltiy Impairment
  - Clubfoot
  - Paralysis
  - Amputation
  - Multiple sclerosis
  - Parkinson's disease.
  - Cerbral Palsy
  - Muscular dystrophy
  - Arthiritis
  - Rheumatoid arthiritis
  - Osteoarthiritis
  - Stroke
  - Spianl Bifida

- Visual Imapirment
  - Blindness
  - Low vision
  - Color Blindness
  - Cataract.
- Hearing impairment
- Chronic disease
  - Cancer
  - Autoimmune disease
  - AIDS
  - Multiple sclerosis

    - Renal failure
    - Cluster headache
    - Seniltiy.

  - Cystic fibrsis
  - Tuberculosis
  - Diabetes
  - Hypoglycemia
  - Chronic fatigue syndrome
  - Dysautonomia
  - Fibromyalgia
    - Spinal cord injury
    - Traumatic brain injury
    - Mental disability

- Alzheimer's disease
- Phobia
- Agoraphobia
- Acrophobia
- Anxiety disorder
- Depression
- Bipolar disorder
- Obsessive
- Schizophrenia
- Neurosis
    - Developmental disability
        - Dyslexia
        - Down syndrome
        - Attentiondeficit disorder aqnd adhd
        - Hyperactivity
        - Autism